

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC -2 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000001093

1. Limited Liability Company's Name

Eastern Real Estate Partners, L.L.C.

2. Principal Office Address

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

#PH. 2A

City & State

Coconut Grove, FL

Zip

FL 33133

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

2/23/1999

6. FEI Number

651014259

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John Devine : Devine Goodman Pullot + Wells

Street Address (P.O. Box Number is Not Acceptable)

777 Bridled Ave Suite 980

Suite, Apt. #, Etc.

Miami, FL 33131

City

Miami

State

FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11.5.04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jay Masserman	777 Bridled Avenue, suite 1000 Miami, FL 33131	
MGRM	Michael Stein	2665 S. Bayshore Dr #PH2A Coconut Grove, FL 33133	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*[Signature]*

Date 11/2/04

Daytime Phone # 305 854 5000

Typed or printed name of signing Managing Member/Manager

Michael A. Stein

CR2E041 (10/02)