PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -1 AM 9:42

DOCUMENT # L99-29132

1. Limited Liability Company's Name
CenTrust Development Co., L.L.C.
4011 West Flagler Street, Suite #404
Miami, Florida 33134

9/29/00

2. Principal Office Address	**3.** Mailing Office Address
4011 West Flagler Street	4011 West Flagler Street
Suite, Apt. #, etc.: 404	Suite, Apt. #, etc.: 404
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33134 Country: Dade	Zip: 33134 Country: Dade

4. State/Country of Formation: Florida, Dade

5. Date Organized or Qualified To Do Business in Florida: 05/21/99

6. FEI Number: L99000002932 — 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: Jose Rodriguez

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-03/05/01--01014--009
*****50.00 *****50.00

Street Address (P.O. Box Number is Not Acceptable): 9801 SW 110 street

Suite, Apt. #, Etc.:

City: Miami — State: FL — Zip Code: 33174

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 _____ Date 12-28-2000 JR.

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
manager Member	J.A.R. Family Limited Partnership	9801 SW 110 street	Miami, Fl 33174
manager	Rolando Velasco	4011 West Flagler St. 404	Miami, Fl 33134

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****150.00 ****150.00

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 _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____