

APR. 1. 2003 12:20PM

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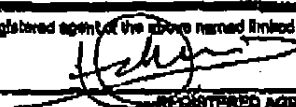
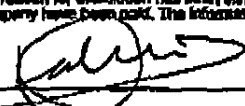
NO. 584

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000003034					
1. Limited Liability Company's Name BILDEN REALTY, L.L.C.					
2. Principal Office Address 10520 N.W. 26TH STREET		3. Mailing Office Address 10520 N.W. 26TH STREET		4/1/03 2002-2003	
Suite, Apt. B, etc. SUITE C-201		Suite, Apt. B, etc. SUITE C-201		5. State/Country of Formation FLORIDA, USA	
City & State MIAMI, FL		City & State MIAMI, FL		6. Date Organized or Qualified To Do Business in Florida 5/26/99	
Zip 33172	Country USA	Zip 33172	Country USA	7. FID Number 65-1019576	Applied For ☐ Not Applicable ☐
7. CERTIFICATE OF STATUS DESIRED ☒ With ☐ Without					
8. Name and Address of Current Registered Agent					
Name JOSE E. CABANAS					
Street Address (P.O. Box Number is Not Acceptable) 10520 N.W. 26TH STREET					
Suite, Apt. B, Etc. SUITE C-201					
City MIAMI,					
State FL					
Zip Code 33172					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent  Date 4/1/03					
REGISTERED AGENT MUST SIGN					
10. Name and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	JOSE E. CABANAS	10520 N.W. 26TH STREET, C-201	MIAMI, FLORIDA 33172		
11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.404, 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 4/1/03 Daytime Phone (305) 513-3439					
Typed or printed name of signing Managing Member/Manager JOSE E. CABANAS, Manager					

DO NOT WRITE

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