

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 FEB 16 AM 8:33

DOCUMENT # **L99000006258**

1. Limited Liability Company's Name

SVK AIRPORT LAND, LLC

9/29/00

2. Principal Office Address

9990 SW 77 Ave

Suite, Apt. #, etc.

Suite 302

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Office Address

9990 SW 77 Ave

Suite, Apt. #, etc.

Suite 302

City & State

Miami, FL

Zip

33156

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

9/30/99

6. FEI Number

65-0962109

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

Eduardo Anton

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

1385 CORAL Way

Suite, Apt. #, Etc.

Suite 406

City

Miami

State

FL

Zip Code

33145

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

Eduardo Anton

Date

2/7/01

REGISTERED AGENT MUST SIGN

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
MGR	James W. KERN	9990 SW 77 Ave, Suite 302	Miami, FL 33156

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

James W. KERN

Date **2/7/01**

Daytime Phone #

305-595-3939

Typed or printed name of signing Managing Member/Manager

James W. KERN