12/11/2003 16:45 FAX 54 92 922 MILLER SCHWARTZ MILLER 002
12/11/2003 15:14 5022 CORPORATE AGENTS PAGE 02/0

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

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

03 DEC 17 PM 3:12 FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

100025778141
2/26/03--01085--009 **150.00

DOCUMENT #

1. Limited Liability Company's Name
HOWARD APARTMENTS, L.C.

2. Principal Office Address		3. Mailing Office Address	
2121 Ponce DeLeon Blvd.		2121 Ponce De Leon Blvd,	
Suite, Apt. #, etc. 1100		Suite, Apt. #, etc. 1100	
City & State: Coral Gables, FL		City & State: Coral Gables, FL	
Zip: 33134	Country: U.S	Zip: 33134	Country: U.S.

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: October-27-199
6. FEI Number: 65-0955553 Applied F... Not Appli...
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee r... for a Certificate of St...

8. Name and Address of Current Registered Agent

Name: SANFORD B. HORWITZ BK

Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce De Leon Blvd.,

REINSTATEMENT 2003

Suite, Apt. #, Etc. 1100

City: Coral Gables State: FL Zip Code: 33134

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] Date 12-15-03

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
MGRM	MICHAEL B. GOLDSTEIN	2121 Ponce De Leon Blvd,	#1100, Coral Gables, FL 33
MGRM	SANFORD B. HORWITZ	2121 Ponce De Leon Blvd,	#1100, Coral Gables, FL 331
MGRM	DAVID L. LOMBARDI	2121 Ponce De Leon Blvd.,	#1100, Coral Gables, FL 331
MGRM	IRMA GOLDSTEIN	2121 Ponce De Leon Blvd,	#1100, Coral Gables, FL 3313
MGRM	JANET L. HORWITZ	2121 Ponce De Leon Blvd.,	#1100, Coral Gables, FL 331
MGRM	SHARI D. LOMBARDI	2121 Ponce De Leon Blvd,	#1100, Coral Gables, FL 331

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that whe... 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 th... 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 eff... as if made under oath.

Signature of Managing Member/Manager: [signature] Date: Daytime Phone #

Typed or printed name of signing Managing Member/Manager