

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

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DOCUMENT # L99000008051

1. Limited Liability Company's Name

FLR PREMIER OP, LLC

REINSTATEMENT 2000

2. Principal Office Address

6750 West 22nd Court

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33016

Country

3. Mailing Office Address

6750 West 22nd Court

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33016

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11-22-99

6. FEI Number

65-0964206

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

Eliezer Scheiner

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

1711 6th Avenue South

Suite, Apt. #, Etc.

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11/28/00--01097--002

****155.00

City

Lake Worth

State

FL

Zip Code

33460

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

REGISTERED AGENT MUST SIGN

Date 11/9/00

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 |
|--------|--------------------------------------|---|----------------------|
| MGR | Eliezer Scheiner | 1711 6th Avenue South | Lake Worth, FL 33460 |
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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 11/9/00

Daytime Phone # 561-532-1226

Typed or printed name of signing Managing Member/Manager Eliezer Scheiner

CR2E041 (9/99)