L99000008660

Florida Department of State
Division of Corporations
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AL

To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

LIMITED LIABILITY REINSTATEMENT

VILLA MARINA DEVELOPERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

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TALLAHASSEE, FLORIDA

DOCUMENT # L99000008660

1. Corporation Name

Villa Marina Developers, LLC

2. Principal Office Address		3. Mailing Office Address	
1414 Brickell Avenue		c/o AGI Registered Agents, Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Suite 900	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33131	U.S.A.	33131	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 12-09-99

5. FEI Number: 65-0967367 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: AGI Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue

Suite, Apt. #, Etc.: Suite 900

City: Miami | State: FL | Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] President — REGISTERED AGENT MUST SIGN

Date: 2/9/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	DeFortuna, Walter	1414 Brickell Avenue	Miami, Florida 33131

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] Atty at Law

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR