

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:40

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000008868

1. Limited Liability Company's Name

TRANSIT STATION DEVELOPMENT DESIGNERS, LLC

800074662068

05/16/06--01023--019 **300.00

CR2E041 (8/05)

2. Principal Office Address

1571 SUNSET DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

Zip

33143

Country USA

~~MIAMI BEACH~~

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/16/1999

6. FEI Number

651006501

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

JOSEPH A. KOHL

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

1571 SUNSET DRIVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33143

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]

REGISTERED AGENT MUST SIGN

Date 4/17/2006

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	THOMAS T. COOPER	1853 NE SKYLINE DRIVE	JENSEN BEACH, FL 34957
MGRM	VICTOR DOVER	1571 SUNSET DRIVE	CORAL GABLES, FL 33143
MGRM	JOHN PISTORINO	6535 SW 123RD STREET	MIAMI, FL 33156
MGRM	JOSEPH KOHL	1571 SUNSET DRIVE	CORAL GABLES, FL 33143
MGRM	MARICÉ CHAEL	1571 SUNSET DRIVE	CORAL GABLES, FL 33143

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

[Signature]

Date 4/17/06

Daytime Phone # 305 666 0946

Typed or printed name of signing Managing Member/Manager