

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

01 NOV -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002102

1. Limited Liability Company's Name

Plaza Plantation, LLC

2. Principal Office Address

650 Madison Ave.

Suite, Apt. #, etc.

17th Floor

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

150 SE 12 Street

Suite, Apt. #, etc.

Suite 301

City & State

Ft. Lauderdale, FL

Zip

33316

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

DE

5. Date Organized or Qualified To Do Business in Florida

10/09/00

6. FEI Number

651030046

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NRAT Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

700004685367-0

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****150.00 ****150.00

City

Tallahassee

State

FL

Zip Code

32301

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

Ed Hand - Asst. Sec.

Date 10/25/01

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
MGRM	Steven A. Santolla	150 SE 12 Street, #301	Ft. Lauderdale, FL 33316
MGRM	Thomas A. Lihan	150 SE 12 Street, #301	Ft. Lauderdale, FL 33316

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

Steven A. Santolla

Date 10.25.01

Daytime Phone # 954.779.3101

Typed or printed name of signing Managing Member/Manager

Steven A. Santolla

CR2E041 (9/01)