

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000769

1. Limited Liability Company's Name

METRA PARK AVENUE VILLAS GP, LLC

2. Principal Office Address

Third Millennium Group
Suite, Apt. #, etc.
7700 Congress Avenue, #3106
City & State

Boca Raton, Florida

Zip Country
33487 Palm Beach

3. Mailing Office Address

Same as #2
Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

Delaware

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

March 25, 2002

6. FEI Number

01-0617463

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

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

Brian Courtney
Asst. V. Pres.

Date

10/20/03

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
Member	Metra Capital, LLC	same as #2	
			100023993671

REINSTATEMENT 2003

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 10/13/03

Daytime Phone# (561) 995-7955

Typed or printed name of signing Managing Member/Manager STEPHAN GUEZ

CR2E041 (10/02)



MO2000000769

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 287214 7372082

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : October 20, 2003

ORDER TIME : 9:55 AM

ORDER NO. : 287214-015

CUSTOMER NO: 7372082

CUSTOMER: Simon Mizrachi
The Mid-atlantic Agency
Suite 3106
7700 Congress Avenue
Boca Raton, FL 33487

BK

REINSTATEMENT

NAME: METRA PARK AVENUE VILLAS GP,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
03 OCT 21 PM 2:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA