M02000002798

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 21 PH 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002798

1. Limited Liability Company's Name
Skyline on Brickell Manager, LLC

03

BK

2. Principal Office Address
1548 Brickell Avenue
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33129 Country

3. Mailing Office Address
1548 Brickell Avenue
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33129 Country

4. State/Country of Formation
Illinois

5. Date Organized or Qualified To Do Business in Florida 10/23/2002

6. FEI Number NONE
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
CFRA, LLC
Street Address (P.O. Box Number is Not Acceptable)
Corporate Center Three at International Plaza
Suite, Apt. #, Etc.
4221 W. Boy Scout Boulevard, 10th Floor
City Tampa State FL Zip Code 33607

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 10/21/04

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	Evangeline Gouletas	1548 Brickell Avenue, 1st Floor	Miami, FL 33129

800042076298

REINSTATEMENT 2003-2004

BK

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 608.408, 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] Evangeline Gouletas Date 10/21/04 Daytime Phone # 305-285-7272

Typed or printed name of signing Managing Member/Manager Evangeline Gouletas

M02000002798

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

RECEIVED
04 OCT 21 PM 1:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Account Number: FCA000000017

Reference: _____
(Sub Account)

Date: 10/21/04

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (ext. 5261)

Corporation Name: Skyline on Brickell Manager, LLC

Entity Number: M02000002798

Authorization: Kim Pullen

_____ Certified Copy		X Certificate of Status
_____ New Filings	_____ Plain Stamped Copy	X Annual Report (Reinstatement)
_____ Fictitious Name	_____ Amendments	_____ Registration

(X) Call When Ready	(X) Call if Problem	( ) After 4:30
(X) Walk In	( ) Will Wait	(X) Pick Up

CF Internal Use Only
Client: 49137 Matter: 19733
Name: Lynda Harris Office: WPB

TAL#501656.1