

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN 21 P 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # M04000002165

1. Limited Liability Company's Name

Makar South Beach Investors, LLC.

2. Principal Office Address - No P.O. Box #
4100 MacArthur Blvd.

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Attn: Karen Evans

City & State
Newport Beach

City & State

Zip
92660

Country
U.S.A

Zip

Country

4. State/Country of Formation
Delaware

**5. Date Organized or Qualified
To Do Business in Florida** June 4, 2004

6. FEI Number 42-1632434

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

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Authorized Signator

Date 6/18/07

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
M6rm	Makar Properties, LLC.	4100 MacArthur Blvd., Suite 200	Newport Beach, CA 92660
			400104889934 06/26/07--01049--025 **155.00
			REINSTATEMENT 05-07
			AL

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 6/18/07

Daytime Phone # (949)255-1100

Typed or printed name of signing Managing Member/Manager

Douglas S. Kiel