M11000201525

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000243347 3)))

H12000243347 3ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RE-SUBMIT
Please retain original filing date of submission 10/5

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 OCT -5 AM 8:28

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
MREF VINTAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

RECEIVED
2012 OCT -9 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 10 2012
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

October 8, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MREF VINTAGE, LLC
701 BRICKELL AVENUE
SUITE 1730
MIAMI, FL 33131

SUBJECT: MREF VINTAGE, LLC
REF: M11000001525

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H12000243347
Letter Number: 012A00024843

P.O BOX 6327 – Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 OCT -5 AM 8:28

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M11000001525

1. Limited Liability Company's Name

MRGF Vintage, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
701 Brickell Ave		701 Brickell Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1400		Suite 1400	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: March 24, 2011

6. FEI Number: 80-0710753 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

E-mail Address:

laura@grgholdings.com

(To be used for future annual report notices)

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] Barbara A. Burke, Special Assistant Secretary Date: 10-5-12

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	Mauricio Gruener	701 Brickell Ave Suite 1400	Miami, FL 33131
Mgrm	Eduardo Gruener	701 Brickell Ave Suite 1400	Miami, FL 33131

11. I certify that I am a 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 10/05/2012 Daytime Phone #: 305 810-6500

Typed or printed name of signing Managing Member/Manager: Mauricio Gruener

C.S.

10/09/2012 10:16 8556336092 CT CORPORATION PAGE 03/03