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LIMITED LIABILITY REINSTATEMENT
AIN11FL JAX SAN JUAN LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11000006105

1. Limited Liability Company's Name
AIN11FL JAX San Juan LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1401 Broad Street	1401 Broad Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clifton, NJ	City & State: Clifton, NJ
Zip: 07013 Country: USA	Zip: 07013 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 12/06/2011

6. FEI Number: ☐ 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) Suite: 1200 South Pine Island Road

Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Chris Rickard Date: 2/2/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JACOBO COJAB FARCA	13330 Noel Rd., Suite 1127	Dallas, TX 75240
MGR	TARYAG REALTY, LLC	13330 Noel Rd., Suite 1127	Dallas, TX 75240
AS	RENNER, MAURICIO	13330 Noel Rd., Suite 1127	Dallas, TX 75240

REINSTATEMENT
2016-2017

11. E-mail Address: cornerstone_capital@yahoo.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: Date: 2/2/2017 Daytime Phone #:

Typed or printed name of signing authorized representative/member: Mauricio Renner, AS

FEB 16 2017

M. WILLIAMS