Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

AIN11FL JAX BAY LLC

Certificate of Status	**0**
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Page Count	**02**
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17 FEB 16 AM 8:50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11000006107

1. Limited Liability Company's Name
AIN11FL JAX Bay LLC

2. Principal Office Address - No P.O. Box#		3. Mailing Office Address	
13330 Noel Rd.		13330 Noel Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1127		Suite 1127	
City & State		City & State	
Dallas, TX		Dallas, TX	
Zip	Country	Zip	Country
75240	USA	75240	USA

CR2E041 (1/14)

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 12/08/2011

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	State	Zip Code
Plantation	FL	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	FARCA, JACOBO C	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