

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 12 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 200143

1. Limited Liability Company's Name

VERDE PROPERTIES LIMITED COMPANY

REINSTATEMENT

99-2000

2. Principal Office Address
7300 N. Kendall Drive

3. Mailing Office Address
PO BOX 565428

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33156

Country
Miami Dade

Zip
33256-5428

Country
Miami Dade

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 11/08/89

6. FEI Number

65-0159186

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

Larry Harris

Street Address (P.O. Box Number is Not Acceptable)

10221 SW 143 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33176

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 Larry J. Harris, Limited Agent

REGISTERED AGENT MUST SIGN

Date 12-05-00

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
MG	Larry Harris	10221 SW 143 Street	Miami, FL 33176
MG	Molly Harris	10221 SW 143 Street	Miami, FL 33176
MB	Stuart Harris	2645 S. Bayshore Dr. APT. 104	Miami, FL 33133
MB	Barbara P. Isan, Trustee	2420 NE 27 Street	Lighthouse Point, FL 33064
MB	Bruce S. Wilner	6255 SW 98 Street	Pinecrest, FL 33156
MB	Isaac Sklar	1720 NE 198 Terrace	Miami, FL 33179

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 Larry J. Harris, Limited Agent Date 12-5-00 Daytime Phone # 305 670 6088

Typed or printed name of signing Managing Member/Manager Larry J. Harris, Limited Agent