PLEASE READ ALI INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY			
COMPANY			
REINSTATEMENT			



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

1. Limited Liability Company's Name

VERDE PROPERTIES LIMITED COMPANY

00 DEC 12 AM 8:56

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address 7300 N. Kendall Drive		3. Mailing Office Address PO BOX 565428		4. State/Country of Formation Florida		
5. Date Organized or Qualified To Do Business in Florida 11/08/89						
		City & State Miami, FL		City & State Miami, FL		
. 6. FEI Number	. Applied For					
Zin	Country	7:-	T	<u>65-0159186</u>	Not Applicable	
^{Zig} 33156	Country Miami Dade	33256~5428	Country Miami Dade	7. CERTIFICATE OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status	
		8. Name and	Address of Current Regis	tered Agent		

			for a Certificate of Status
8	Name and Address of Cur	rent Registered Agent	
Name		-	
Larry Harris		400003	cinaed - c
Street Address (P.O. Box Number is Not Acceptab 10221 SW 143 Street	le)		/0001058016
Suite, Apt. #, Etc			<u>10.00 *****</u>
			•
City Miami		State Zip Code FL 3317	,

9. I, being appointed the registered agent of the above named limited fiability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

A. Huma Land Agust REGISTERED AGENT MUST SIGN

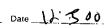
Date 12-05 00

IU. Nam	nes and Street Addresses of Managing Members/Manag	gers		
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	
МВ	Stuart Harris	2645 S. Bayshore Dr. APT.	Miami, FL 33133	
. MB	Barbara P. Isan, Trustee	2420 NE 27 Street	Lighthouse Point, FL 33064	
МВ	Bruce S. Wilner	6255 SW 98 Street	Pinecrest, FL 33156	
МВ	Isaac Sklar	1720 NE 198 Terrace	Miami, FL 33179	

11. Lecrify 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 filling 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	
Managino Member/Manager	

Jung	A_	Na	mi
	4	n -	



Lingh) Ayent Date 12:500 Daytime Phone # 305 6706077

Larry 5 Harris, Land Agen Typed or printed name of signing Managing Member/Manager

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