

200143

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 200143

1. Limited Liability Company's Name

Verde Properties Limited Company

2. Principal Office Address

7300 North Kendall Drive

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33156

Country

U.S.A.

3. Mailing Office Address

P.O. Box 565428

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33256-5428

Country

U.S.A.

4. State/Country of Formation

Florida/USA

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 143RD Street

600020693538

Suite, Apt. #, Etc.

06/03/03--01034--001

**255.00

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

Date 5/30/03

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
MG	Larry Harris	10221 SW 143RD Street	Miami, Florida 33176
MG	Molly Harris	10221 SW 143RD Street	Miami, Florida 33176
MB	Stuart I Harris	2645 S. Bayshore Dr. Apt. 104	Miami, Florida 33133
MB	Barbara P. Isan, Trustee	2420 Northeast 27th Street	Lighthouse Point, Florida
MB	Bruce S. Wilner	6255 Southwest 98th Street	Pinecrest, Florida 33156
MB	Isaac Sklar	1720 Northeast 198th Terrace	Miami, Florida 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, Managing Member

Date 5/30/03

Daytime Phone # 305 987 1182

Typed or printed name of signing Managing Member/Manager

Larry J. Harris

Managing Member

CR2E041 (10/02)