

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 MAY 24 PM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Z00676

1. Limited Liability Company's Name

CARNICON-PUERTO RICO MANAGEMENT ASSOCIATES, L.C.
3250 MARY STREET
SUITE 500
MIAMI, FL 33133

2. Principal Office Address

3250 Mary Street

Suite, Apt. #, etc.

SUITE 500

City & State

MIAMI, FL

Zip

33133

Country

3. Mailing Office Address

3250 Mary Street

Suite, Apt. #, etc.

SUITE 500

City & State

MIAMI, FL

Zip

33133

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 10/22/92

6. FEI Number

65-0364034

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

ARVIN PELTZ, ESQ.

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

3250 MARY STREET

Suite, Apt. #, Etc.

SUITE 500

City

MIAMI

State
FL

Zip Code

33133

200003273642--1
06/01/00--01060--007
****205.00 ****205.00

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

REGISTERED AGENT MUST SIGN

Arvin Peltz

Date 5/2/00

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
MGR	WEISER, SHERWOOD M.	3250 MARY STREET, #501	MIAMI, FL 33133
MGR	LEFTON, DONALD E.	3250 MARY STREET, SUITE 500	MIAMI, FL 33133
MGR	STURGES, ROBERT B	3250 MARY STREET, SUITE 501	MIAMI, FL 33133
MGR	HEWITT, THOMAS F	3250 MARY STREET, SUITE 501	MIAMI, FL 33133
MGR	SIBLEY, PETER L	3250 MARY STREET, SUITE 501	MIAMI, FL 33133
MGR	TEMLING, W PETER	3250 MARY STREET, SUITE 501	MIAMI, FL 33133

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

W. Peltz

Date 5/2/2000

Daytime Phone #

305. 445-2493

Printed name of signing Managing Member/Manager

W. PETER TEMLING MGR.