

MIAMIBEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, FL 33139, www.miamibeachfl.gov

Jimmy L. Morales, City Manager
Tel: 305-673-7010, Fax: 305-673-7782

April 12, 2018

Senen Garcia, Esq.
2665 S. Bayshore Drive, Ste. 220
Coconut Grove, FL 33133

Sent Via US Certified Mail

Return Receipt No. 70171450000227391926

Living Arts Trust, Inc. d/b/a O Cinema
2401 Swanson Avenue
Miami, Florida 33133

Re: Notice of 6-Month Extension to Cure: Management Agreement between the City of Miami Beach ("City") and Living Arts Trust, Inc. d/b/a O Cinema ("O Cinema"), dated October 24th, 2014 ("Agreement"), for the management and operation of a portion of the Byron Carlyle Theater located at 500 71 Street, Miami Beach, Florida 33141 (the "Property")

Dear Mr. Garcia:

As you are already aware, O Cinema and the City met on March 20, 2018 to discuss O Cinema's defaults under the Agreement and the efforts O Cinema was undertaking to rectify the same. The City and O Cinema discussed extending the cure period for six-months beginning on the date of the March 20, 2018 meeting, subject to certain terms and conditions.

Accordingly, this shall serve as notice to O Cinema that the City shall extend the time for O Cinema to cure all of its defaults under the Agreement **on or before September 21, 2018**, which defaults include, but are not limited to, ceasing all illegal sales of alcohol at the Property, registering for Florida Sales Tax, and becoming current on all Florida Sales Tax obligations, which extension to cure shall be subject to O Cinema's acceptance of the terms and conditions below:

1. On or before April 30, 2018, O Cinema shall deliver to the City all relevant evidence or documentation to date related to O Cinema's efforts to register for Florida Sales Tax and pay the required Florida Sales Tax related to O Cinema's operations at the Property. Additionally, O Cinema shall provide the City with monthly updates, due on the 15th of each subsequent month, providing evidence of O Cinema's ongoing efforts to register and pay for all Florida Sales Tax up until the expiration of the cure period on September 21, 2018.

2. O Cinema shall immediately cease the illegal sale or distribution of alcoholic beverages at the Property. On or before April 30, 2018, O Cinema shall deliver to the City all relevant evidence or documentation to date related to O Cinema's efforts to obtain an alcohol license for the Property. O Cinema shall provide the City with monthly updates, due on the 15th of each subsequent month, providing the City with evidence of O Cinema's ongoing efforts to obtain a valid alcoholic beverage license for the Property.

3. O Cinema shall not commit any additional breach of any of the terms or conditions of the Agreement.

O Cinema shall remain in default of the Agreement until such time that O Cinema cures all of its defaults under the Agreement within the cure period discussed above. O Cinema's failure to comply with the terms and conditions discussed above or its failure to cure the defaults within the cure period, on or before **September 21, 2018**, shall result in the City's option to exercise its right to terminate the Agreement, for cause. O Cinema hereby agrees that the foregoing notice and extension of cure period is without waiver of any of the City's rights under the Agreement, and accordingly, the City reserves all rights.

If the foregoing is in accordance with the terms discussed, please execute where indicated below.

AGREED AND ACCEPTED THIS ___ DAY OF April, 2018.

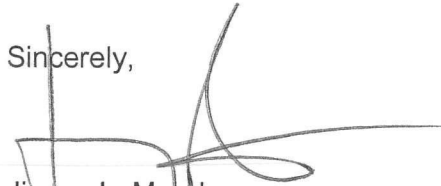
Living Arts Trust, Inc. d/b/a O Cinema

By: _____

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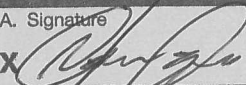

Title:

Sincerely,



Jimmy L. Morales
City Manager

cc: Eva Silverstein, Director of Tourism, Culture and Economic Development (via E-mail only)
Mark Milisits, Asset Manager (via E-mail only)
Jason Jacobson, Assistant City Attorney II

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none">Complete items 1, 2, and 3.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
1. Article Addressed to:	<p>B. Received by (Printed Name) <i>Andrew Lopez</i> C. Date of Delivery <i>4/16/18</i></p>																
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>Senen Garcia, Esq. 2665 S. Bayshore Drive, Suite 220 Cocoanut Grove, FL 33133</p>																	
 9590 9402 3106 7166 5618 80	<p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr><tr><td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td><td></td></tr></table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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