

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

01 DEC -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002453

1. Limited Liability Company's Name
3200 North Miami Avenue LLC

2. Principal Office Address
3200 North Miami Ave.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33127

Country

3. Mailing Office Address
c/o Galustyants
708 NE 26th Ave.

Suite, Apt. #, etc.

City & State
Hallandale FL

Zip
33009

Country

4. State/Country of Formation
FL

**5. Date Organized or Qualified
To Do Business in Florida**
Mar. 3, 2000

6. FEI Number
65-0987513

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Bella Galustyants

300004724789-6

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

708 NE 26th Ave.

-12/13/01--01061--004

****150.00 ****150.00

Suite, Apt. #, Etc.

City
Hallandale

State
FL

Zip Code

33009

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** Bella Galustyants

Date 12-02-2001

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
Pres.	Bella Galustyants	708 NE 26th Ave.	Hallandale, 33009
Sec.	Nazhia Boulmarouf	22 Saratoga Drive	Jericho, NY 11753

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** Bella Galustyants

Date 10-31-2001

Daytime Phone # 305-606-4673

Typed or printed name of signing Managing Member/Manager

Bella Galustyants

CR2E041 (9/01)