

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
 09 DEC 16 AM 11:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L01000003141**  
 1. Corporation Name  
**2601 Associates, LLC**

**700162133687**  
 10/26/09--01006--005 \*\*750.00  
 CR2E061 (12/08)

2. Principal Office Address - No P.O. Box #  
**4825 South Leclair**  
 Suite, Apt. #, etc.

3. Mailing Office Address  
**2601 Collins Ave**  
 Suite, Apt. #, etc.

City & State  
**Chicago IL**

City & State  
**Miami Beach FL**

Zip Country  
**60638 U.S.A**

Zip Country  
**33140 U.S.A**

4. Does Incorporated or Qualified To Do Business in Florida

5. FEI Number **364425116** Applied For Not Applicable

6. CERTIFICATE OF STATUS OBTAINED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**SCHIFFMAN ADAM R ESQUIRE**


Street Address (P.O. Box Number is Not Acceptable)  
**2750 NE 185th Street**

Suite, Apt. #, Etc.  
**201**

City State Zip Code  
**Aventura FL 33180**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 607.0503, F.S.

Signature of Registered Agent  Date **12/10/09**

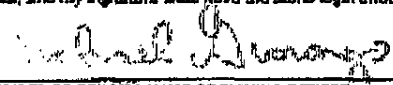
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<b>Giarrango Michael</b>	<b>2601 Collins Ave</b>	<b>Miami Beach, FL 33140</b>

**REINSTATEMENT 09**  


10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 607, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 607.0402, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:  Date **10-21-09** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2009

2601 ASSOICATES, LLC  
2601 COLLINS AVE  
MIAMI BEACH, FL 33140

SUBJECT: 2601 ASSOCIATES, LLC  
Ref. Number: L01000003141

We have received your document for 2601 ASSOCIATES, LLC and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 109A00034886