


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L03000000625</u>			
1. Limited Liability Company's Name <u>MEL BEACH PROPERTIES, LLC</u>			
2. Principal Office Address <u>14211 COMMERCE WAY</u> Suite, Apt. #, etc. <u>Suite # 300</u> City & State <u>Miami Lakes, FL</u> Zip <u>33016</u> Country <u>U.S.A.</u>		3. Mailing Office Address <u>14211 COMMERCE WAY</u> Suite, Apt. #, etc. <u>Suite # 300</u> City & State <u>Miami Lakes, FL</u> Zip <u>33016</u> Country <u>U.S.A.</u>	
4. State/Country of Formation <u>FLORIDA</u>		5. Date Organized or Qualified To Do Business in Florida <u>1/7/03</u>	
6. FEI Number <u>710930730</u>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <u>DANIEL MARZANO, ESQ.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3301 NE 32ND AVE., #502</u> Suite, Apt. #, Etc. City <u>FORT LAUDERDALE</u> State <u>FL</u> Zip Code <u>33308</u>			
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 <u>[Signature]</u> Date <u>12/29/05</u> 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
MGRM	DANIEL MARZANO	3301 NE 32 ND AVE, #502	Ft. Lauderdale, FL 33308
MGRM	PETER MARZANO	442 RIVERVIEW LANE	Melbourne Bch, FL 32951
MGRM	THOMAS F. COYLE, JR.	2255 Lob Lolly Ln	Deerfield Beach, FL 33442
MGRM	RICARDO GOTAY	400 ATLANTIC AVE	Melbourne Beach, FL 32951
REINSTATEMENT <u>2005</u>			
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 <u>[Signature]</u> Date <u>12/29/05</u> Daytime Phone # <u>954-914-8752</u> Typed or printed name of signing Managing Member/Manager <u>THOMAS F. COYLE, JR.</u>			