

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 SEP 16 AM 10:14  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L03000006322**

1. Limited Liability Company's Name  
**Mantell 403 & 404, LLC**

2. Principal Office Address <b>620 Southard St.</b>		3. Mailing Office Address <b>620 Southard St.</b>	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State <b>Key West, FL</b>		City & State <b>Key West, FL</b>	
Zip <b>33040-6838</b>	Country <b>USA</b>	Zip <b>33040-6838</b>	Country <b>USA</b>

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**2/20/2003**

6. FEI Number  
**58-2676493**

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name  
**A.G.C. Co.**

Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Orange Ave.**

Suits, Apt. #, Etc.  
**Suite 2300**

City  
**Orlando**

State  
**FL**

Zip Code  
**32801**

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 *A. Thomas BOO* vice president Date 9/15/05  
 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
Mgr.	Irwin Epstein	620 Southard St.	Key West, FL 33040-6838

**REINSTATEMENT 2004-2005**

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 608.408, 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 *Irwin Epstein* Date 9/14/05 Daytime Phone # 303-321-8700

Typed or printed name of signing Managing Member/Manager **Irwin Epstein, Manager**



CORPORATION SERVICE COMPANY

L03000006322

ACCOUNT NO. : 072100000032

REFERENCE : 600924 4329479

AUTHORIZATION Patricia Pizant

COST LIMIT : \$ 205.00

ORDER DATE : September 16, 2005

ORDER TIME : 2:37 PM

ORDER NO. : 600924-005

CUSTOMER NO: 4329479

CUSTOMER: Ms. Laurie Bergstresser  
Baker & Hostetler Llp  
Suite 2300, Suntrust Center  
200 South Orange Avenue  
Orlando, FL 32801

BK

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DOMESTIC FILINGS

NAME: MANTELL 403 & 404, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CONTACT PERSON: Darlene Ward - Ext# 2935

EXAMINER'S INITIALS \_\_\_\_\_