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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 JUN 14 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

**DOCUMENT # L03000042123**

1. Limited Liability Company's Name  
1901 LaPerla, LLC

04

300076199939

CR2E041 (8/05)

2. Principal Office Address <b>2600 S. Ocean Blvd.</b>		3. Mailing Office Address <b>2600 S. Ocean Blvd.</b>	
Subs. Apt. #, etc. <b>Apt. 20-C</b>		Subs. Apt. #, etc. <b>Apt. 20-C</b>	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>	
Zip <b>33432</b>	Country <b>USA</b>	Zip <b>33432</b>	Country <b>USA</b>

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

5. Date Organized or Qualified To Do Business in Florida  
**10/31/2003**

6. FEI Number  Applied For  Not Applicable

7. CERTIFICATE OF TAXID NUMBER

8. Name and Address of Current Registered Agent

**Florida Filing & Search Services, Inc.**  
 (Print Address of Agent's Office (Not a company))  
**1333 North Duval Street**  
 Subs. Apt. #, Etc.  
**Tallahassee** State **FL** Zip **32303**

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 *[Signature]* Date **6/14/06**  
 REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Member/Manager

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR member	<b>Irina Stelmakh</b>	<b>2600 S. Ocean Blvd. Apt. 20-C</b>	<b>Boca Raton, FL 33432</b>
MGR member	<b>Iliana Rakovsky</b>	<b>2600 S. Ocean Blvd. Apt. 20-C</b>	<b>Boca Raton, FL 33432</b>

REINSTATEMENT 2004-2006

11. I certify that I am managing member/manager or the member or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.008, 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 *[Signature]* Date **6-14-06** Daytime Phone # **201-4321187**

Type or print name of signing Managing Member/Manager **Irina Stelmakh**

L03000042123

FLORIDA FILING & SEARCH SERVICES, INC.  
P.O. BOX 10662 TALLAHASSEE, FL 32302  
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303  
PHONE: (800) 435-9371; FAX: (866) 860-8395

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DATE: 06-14-06

NAME: 1901 LAPERLA, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$250

RETURN:

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