


# L03000047663

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L03000047663</b> 1. Limited Liability Company's Name 1501B, LLC			
2. Principal Office Address 4000 Hollywood Boulevard		3. Mailing Office Address 4000 Hollywood Boulevard	
Suite, Apt. #, etc. 265-South		Suite, Apt. #, etc. 265-South	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021		Zip 33021	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 11/24/2003	
6. FEI Number 13-4347343		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 TALLAHASSEE, FLORIDA

BK

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8. Name and Address of Current Registered Agent

Name: **Eisinger, Brown, Lewis & Frankel, P.A.**

Street Address, P.O. Box Number, if Not Acceptable:  
**4000 Hollywood Boulevard**


Suite, Apt. #, etc.  
**265-South**

City  
**Hollywood**

State  
**FL**

Zip Code  
**33021**

9. I hereby appointed the registered agent of the above named limited liability company, am familiar with and accept the collection of Chapter 608, F.S.


Signature of Registered Agent:  Date: **11/7/06**

REGISTERED AGENT MUST SIGN: **ANDREW J. LEWIS**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Vladimir Zanan	4000 Hollywood Boulevard, Suite 265-South	Hollywood, FL 33021
<b>REINSTATEMENT 2004-2006</b>			
<b>300081587378</b>			

11. I certify that I am a 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 King Co's reinstatement application the reason for dissolution has been dissolved, the limited liability company name satisfies the requirements of section 602.403, 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:  Date: **11/03/2006** Daytime Phone #: **718-376-5600**

Typed or printed name of signing Managing Member/Manager: **Vladimir Zanan**



CORPORATION SERVICE COM

# LO3000047663

ACCOUNT NO. : 072100000032  
 REFERENCE : 582107 5030952  
 AUTHORIZATION : *Susie Knight*  
 COST LIMIT : \$250.00

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ORDER DATE : November 7, 2006  
 ORDER TIME : 11:52 AM  
 ORDER NO. : 582107-005  
 CUSTOMER NO: 5030952

*NK*

DOMESTIC FILINGS

NAME: 1501B, LLC

**RECEIVED**  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
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 TO AVOID DELAY  
 SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight - Ext# 2956

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