

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 04 0000 29492

1. Limited Liability Company's Name

CG FLORIDA PROPERTIES, LLC

2. Principal Office Address - No P.O. Box #

3200 STIRLING Rd.

Suite, Apt. #, etc.

Unit H1

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

4-16-04

6. FEI Number

55-0867483

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Oren Lieber, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2915 Biscayne Blvd

Suite, Apt. #, Etc.

Suite 300

City

Miami

State

FL

Zip Code

33137

☐ A \$100 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 \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/23/10

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	Chetrit Group, LLC	404 5th Ave., 4th Floor	New York, NY 10019

REINSTATEMENT 07-10

11. E-mail Address: OLIEBER@RZLLAW.COM

(To be used for future annual report notifications)

12. 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

Date 3/23/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FILED  
10 MAR 25 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/25/10--01002--020 \*\*660.00

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