

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000038171

1. Limited Liability Company's Name

5950 MANAGEMENT, L.L.C.

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BJK

CR2E041 (8/05)

2. Principal Office Address 4000 Hollywood Blvd.		3. Mailing Office Address P.O. BOX 2972	
Suite, Apt. #, etc. 350-N		Suite, Apt. #, etc.	
City & State Hollywood, Florida		City & State Hallandale Beach, FL	
Zip 33021	Country USA	Zip 33008	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 05/19/2004	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Bruce J. Smoler, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 2611 Hollywood Boulevard	
Suite, Apt. #, Etc.	
City Hollywood	State / Zip Code FL 33020

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: *Bruce J. Smoler* Date: 12/26/06

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 MBR	Sara Yemyashev	P.O. Box 2972	Hallandale, Florida 33008
MGRM MBR	Felice Adelstein	P.O. Box 2972	Hallandale, Florida 33008

100082944711
01/28/07-01/27-017 \$5.00

REINSTATEMENT 2005-2006

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: *Bruce J. Smoler* Date: 12/26/06 Daytime Phone #: 954-922-2811

Typed or printed name of signing Managing Member/Manager: Bruce J. Smoler, Authorized Representative