

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 OCT 14 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300161501433  
10/08/09--01035--009 \*\*416.25  
CR2E041 (10/08)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000051142

1. Limited Liability Company's Name

1075 NW, LLC

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

5950 Lake Hurst Drive

Suite, Apt. #, etc.

No. 180

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

5950 Lake Hurst Drive

Suite, Apt. #, etc.

No. 180

City & State

Orlando, FL

Zip

32819

Country

USA

4. State/Country of Formation

Florida, Miami-Dade

5. Date Organized or Qualified

To Do Business in Florida July 9, 2009

6. FEI Number

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

Jose C. Marrero, Esq.

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

1200 Brickell Avenue

Suite, Apt. #, Etc.

Suite No. 505

City

Miami

State

FL

Zip Code

33129

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

9/15/2009

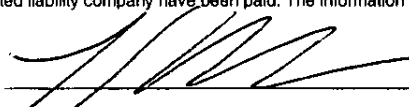
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TSUN LIEN S. WONG	3803 Golden Feather Way	Kissimmee, FL 34746
MGRM	TSUN KWAN WONG	3803 Golden Feather Way	Kissimmee, FL 34746

REINSTATEMENT - 07-09

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



Date

9/15/2009

Daytime Phone #

(305) 490-2030

Typed or printed name of signing Managing Member/Manager

J.C.M.