150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -3 AM 9:08

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000077109

1. Entity Name
1501 NW 13 CT., LLC

Principal Place of Business
18911 COLLINS AVE SUITE 407
SUNNY ISLES, FL 33160

Mailing Address
18911 COLLINS AVE SUITE 407
SUNNY ISLES, FL 33160

400060186554
10/03/05--01059--003 **200.00

09282005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business
18911 Collins Ave.

Suite, Apt. #, etc.
#405

City & State
Sunny Isles, FL

Zip
33160

Country
Miami-Dade

3. Mailing Address
18911 Collins Ave.

Suite, Apt. #, etc.
#405

City & State
Sunny Isles, FL

Zip
33160

Country
Miami-Dade

4. FEI Number
20-1802910

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J ESQ.
21 S.E. 1 AVENUE, 10TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR ☐ Delete
NAME	CARDENAS, LUIS
STREET ADDRESS	21 S.E. 1 AVENUE, 10TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	400060186554
STREET ADDRESS	10/03/05--01059--003 **300.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	REINSTATEMENT 2005
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #