


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -3 AM 9:08

DOCUMENT # L04000081346 1. Entity Name 1951 NW SOUTH RIVER DRIVE, LLC		
Principal Place of Business 18911 COLLINS AVENUE #407 SUNNY ISLES, FL 33160		Mailing Address 18911 COLLINS AVENUE #407 SUNNY ISLES, FL 33160
2. Principal Place of Business 18911 Collins Ave.	3. Mailing Address 18911 Collins Ave.	
Suite, Apt. #, etc. #405	Suite, Apt. #, etc. #405	09282005 REIN-LLC CR2E101 (6/04)
City & State Sunny Isles, FL	City & State Sunny Isles, FL	4. FEI Number 20-1859497
Zip 33160	Country Miami-Dade	5. Certificate of Status Desired <input type="checkbox"/> \$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: _____ (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		10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARDENAS, LUIS 18911 COLLINS AVENUE #407 SUNNY ISLES, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARIN, FERNANDO 18911 COLLINS AVENUE #407 SUNNY ISLES, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700060449897 10/03/05 - 01059 - 003 - \$300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2005
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Day, the _____ of _____