

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 26 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

600138233338  
11/24/08--01047--014 \*\*277.50

CR2E041 (10/08)

DOCUMENT # L05000017419

1. Limited Liability Company's Name

Drexel Apartment LLC

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

1800 Sunset Harbour Drive

Suite, Apt. #, etc.

Suite 2412

City & State

Miami Beach, FL 33139

Zip

33139

Country

USA

3. Mailing Office Address

1800 Sunset Harbour Drive

Suite, Apt. #, etc.

Suite 2412

City & State

Miami Beach, FL 33139

Zip

33139

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 02/16/2005

6. FEI Number

65-0733811

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

Monika Schuster

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

1800 Sunset Harbour Drive

Suite, Apt. #, Etc.

Suite 2412

City

Miami Beach, FL 33139

State

FL

Zip Code

33139

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

*MS*

REGISTERED AGENT MUST SIGN

Date

10/30/08

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
MGR	Monika Schuster	1800 Sunset Harbour Drive, Suite 2412	Miami Beach, FL 33139

REINSTATEMENT 07.08

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

*MS*

Date

10/30/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager