

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 16 PM 3:40

DOCUMENT # **L05000028458**

1. Limited Liability Company's Name  
**MONROE PROPERTY BUILDING 6 LLC**

600133006806  
07/16/08--01023--004 \*\*143.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # <b>1025 N.E. 4TH COURT</b>		3. Mailing Office Address <b>1025 N.E. 4TH COURT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>HALLANDALE, FLORIDA</b>		City & State <b>HALLANDALE, FLORIDA</b>	
Zip <b>33009</b>	Country <b>USA</b>	Zip <b>33009</b>	Country <b>USA</b>

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <b>20-2610180</b>	Applied For 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 **EUGEN PIRVAN**

Street Address (P.O. Box Number is Not Acceptable)  
**1025 N.E. 4TH COURT**

Suite, Apt. #, Etc.

City **HALLANDALE** State **FL** Zip Code **33009**

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 Date **7-10-08**

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	JANE T MARIANA	1666 BUNTING LANE WESTON, FL, 33327	WESTON, FL, 33327
MGRM	JACOB RADU	1666 BUNTING LANE	WESTON, FL, 33327
MGRM	PIRVAN LACRAMIOARA	1025 N.E. 4TH COURT	HALLANDALE, FL, 33009
MGRM	PIRVAN EUGEN	1025 N.E. 4TH COURT	HALLANDALE, FL, 33009

**REINSTATEMENT 7/16**

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 **7/10/08** Daytime Phone # **954-243-1329**

Typed or printed name of signing Managing Member/Manager **PIRVAN LACRAMIOARA**