

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 SEP 10 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/09/09--01019--012 **516.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05000052848

1. Limited Liability Company's Name

1607 ARTHUR, LLC

2. Principal Office Address - No P.O. Box # 2362 FOUNTAIN CREST LN.		3. Mailing Office Address 2362 FOUNTAIN CREST LN	
Suite, Apt. #, etc. 12		Suite, Apt. #, etc. 12	
City & State THOUSAND OAKS, CA		City & State THOUSAND OAKS, CA	
Zip 91362	Country US	Zip 91362	Country US

4. State/Country of Formation FLORIDA/US	
5. Date Organized or Qualified To Do Business in Florida 5/27/2005	
6. FEI Number 20-2912483	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name JAY SCHIMMEL		
Street Address (P.O. Box Number is Not Acceptable) 5150 N. OCEAN DRIVE		
Suite, Apt. #, Etc. 700		
City WEST PALM BEACH	State FL	Zip Code 33404

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 _____
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	BRYAN SCHIMMEL	2362 FOUNTAIN CREST LN #12	THOUSAND OAKS, CA. 91362
MGRM	RANDY LEVINE	20533 BISCAYNE BLVD, SUITE 4218	AVENTURA, FL. 33180

REINSTATEMENT 07-09 JH

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 9/3/2009	Daytime Phone # 818.292.3447
Typed or printed name of signing Managing Member/Manager BRYAN SCHIMMEL		