

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 MAY 26 PM 4: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000068810

1. Limited Liability Company's Name

1450 Property Holdings, LLC

700181342577  
05/25/10--01033--002 \*\$555.00  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 2611 Hollywood Boulevard Suite, Apt. #, etc.		3. Mailing Office Address 2611 Hollywood Boulevard Suite, Apt. #, etc.	
City & State Hollywood, Florida		City & State Hollywood, Florida	
Zip 33020	Country USA	Zip 33020	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 7/12/05	
6. FEI Number 26-0125845	Applied For Not Applicable
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  
Bruce J. Smoler

Street Address (P.O. Box Number is Not Acceptable)  
2611 Hollywood Boulevard

Suite, Apt. #, Etc.

City  
Hollywood

State  
FL

Zip Code  
33020

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 Bruce J. Smoler Date 5/18/10

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	Bruce J. Smoler	2611 Hollywood Blvd.	Hollywood, Florida 33020
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>
<u>2007-10</u>			<u>MAY 2-6 2010</u>
			<b>EXAMINER</b>

11. E-mail Address: bsmoler@slbwlaw.com (To be used for future annual report notifications)

12. 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 Bruce J. Smoler Date 5/18/10 Daytime Phone # 954-922-2811

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_