


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**08 OCT -6 AM 11:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** 206000089432

1. Limited Liability Company's Name

6350 SUNSET, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 6350 SUNSET DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 6350 SUNSET DRIVE Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33143	Country USA	Zip 33143	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 9/12/06	
6. FEI Number NONE	Applied For <input checked="" type="checkbox"/> 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  
SUSAN B. KASHUK, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
6350 SUNSET DRIVE

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33143

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 Susan B. Kashuk, Esq. Date 10/7/08  
REG-STERED 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
MBR	SUSAN B. KASHUK	6350 SUNSET DRIVE	MIAMI, FLA. 33143
<b>REINSTATEMENT 07-08</b>			
09/29/08--01066--002 **277.50			

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 Susan B. Kashuk Esq Date 10/7/08 Daytime Phone # 305-582-8154

Typed or printed name of signing Managing Member/Manager SUSAN B. KASHUK, ESQ.