
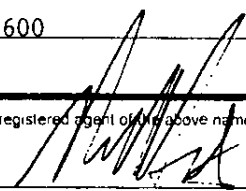
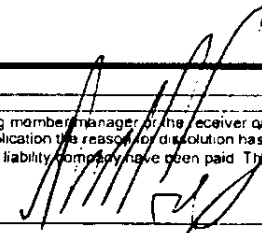


L07000064823

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # L07000064823 1. Limited Liability Company's Name <p style="text-align: center;">MND 909, LLC</p> <p style="text-align: center; font-size: 2em;">08</p>											
2. Principal Office Address - No P.O. Box # 18001 Collins Avenue Suite, Apt. #, etc. 31st Floor City & State Sunny Isles Beach, FL Zip 33160 Country US		3. Mailing Office Address 18001 Collins Avenue Suite, Apt. #, etc. 31st Floor City & State Sunny Isles Beach, FL Zip 33160 Country US									
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 06/20/2007									
6. FEI Number <input type="checkbox"/> 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 Ronald R. Fieldstone, Esq. Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Blvd., Suite, Apt. #, Etc. Suite 3600 City Miami State FL Zip Code 33131											
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 5/26/10 REGISTERED AGENT MUST SIGN											
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>Michael Dezer</td><td>31st Floor 18001 Collins Avenue</td><td>Sunny Isles Beach, FL 33160</td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Michael Dezer	31st Floor 18001 Collins Avenue	Sunny Isles Beach, FL 33160
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip								
MGR	Michael Dezer	31st Floor 18001 Collins Avenue	Sunny Isles Beach, FL 33160								
11. E-mail Address _____ <small>(To be used for future annual report notifications)</small>											
12. I certify that I am managing member/manager of 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 5/26/10 Daytime Phone # 305-374-3330 Typed or printed name of signing Managing Member/Manager Ronald R. Fieldstone, Authorized Rep.											

10 MAY 26 AM 10:08
DIVISION OF CORPORATIONS

200181398222

CR2E041 (11/09)

Handwritten initials

Handwritten "08"

Handwritten initials

REINSTATEMENT 2008-2010



CORPORATION SERVICE COMPANY

LO7000064823

ACCOUNT NO. : I20000000195

REFERENCE : 396731 7701456

AUTHORIZATION :

COST LIMIT : \$ ~~546.25~~

Spudde man

416.25

ORDER DATE : May 26, 2010

ORDER TIME : 2:40 PM

ORDER NO. : 396731-005

CUSTOMER NO: 7701456

DOMESTIC FILINGS

NAME: MND 909, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 MAY 26 PM 4: 22
NOT TO BE RETURNED
TO AGENCY OF FILING
SUFFICIENCY OF FILING

BR

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____

10 MAY 26 AM 10: 08
STATE OF MICHIGAN
DIVISION OF CORPORATIONS