

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

1. Limited Liability Company's Name
1611 MERIDIAN LLC

Document Number L11000080539

2. Principal Office Address - No P.O. Box # 16426 NE 32 AVE.		3. Mailing Office Address 16426 NE 32 AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami Beach, FL		City & State North Miami Beach, FL	
Zip 33160	Country USA	Zip 33160	Country USA

CR2E041 (1/11)

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida July 13, 2011	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input 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 DORRA, MAXIMO	
Street Address (P.O. Box Number is Not Acceptable) 16426 NE 32 AVE.	
Suite, Apt. #, Etc.	
City North Miami Beach	State / Zip Code FL 33160

E-mail Address:
400242556854
12/07/12--01041--003 **377.50
cristalpalaceinfo@gmail.com
 (To be used for future annual report notices)

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 **12/4/12**
 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	DORRA, MAXIMO	16426 NE 32 AVE.	North Miami Beach, FL 33160

JB

REINSTATEMENT 2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager _____ Date **12/4/12** Daytime Phone # **786-234-1461**
 Maximo Dorra

Typed or printed name of signing Managing Member/Manager **Maximo Dorra**