

Division of Corporations

M07000005934

Florida Department of State
Division of Corporations
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To: Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
1703 AX, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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C. LEWIS
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EXAMINER


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M07000005934 1. Limited Liability Company's Name 1703 AX, LLC			
2. Principal Office Address - No P.O. Box # 100 South Point Drive <small>Suite, Apt. #, etc.</small> #1703 <small>City & State</small> Miami Beach, FL <small>Zip</small> 33139		3. Mailing Office Address 100 South Point Drive <small>Suite, Apt. #, etc.</small> #1703 <small>City & State</small> Miami Beach, FL <small>Zip</small> 33139	
<small>State</small> USA		<small>Country</small> USA	
4. State/County of Formation Delaware			
5. Date Organized or Continued To Do Business in Florida 10/03/2007			
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			
8. Name and Address of Current Registered Agent <small>Name</small> Corporation Service Company <small>Street Address (P.O. Box Number is Not Acceptable)</small> 1201 Hays Street <small>Subs, Apt. #, Etc.</small> <small>City</small> Tallahassee			
<small>State</small> FL		<small>Zip Code</small> 32301	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 806, F.S. <small>Signature of Registered Agent</small> <i>Jacqueline N. Casper</i> Jacqueline N. Casper, Assistant VP <small>REGISTERED AGENT MUST SIGN</small>			
<small>Date</small> 11/18/09			
10. Names and Street Addresses of Managing Members/Managers			
<small>Title</small>	<small>Name of Managing Member/Manager</small>	<small>Street Address of Each Managing Member/Manager</small>	<small>City / State / Zip</small>
Mgr	David Ehrlich	100 South Point Drive #1703	Miami Beach, FL 33139
REINSTATEMENT -08-09			
11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 808, F.S. I further certify that when filing this reinstatement application the reason for the delinquency has been corrected, the limited liability company name satisfies the requirements of section 806, 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.			
<small>Signature of Managing Member/Manager</small> <i>David Ehrlich</i>		<small>Date</small> Nov 16, 2009	<small>Daytime Phone #</small> 917 699 9993
<small>Typed or printed name of signing Managing Member/manager</small> David Ehrlich			

C.S.