

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**FILED**

01 OCT 18 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L000000015499**

1. Limited Liability Company's Name

**149 BIRD, LLC**

2. Principal Office Address

**1320 S. DIXIE HWY #781  
CORAL GABLES FL 33146**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 2001**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

**65-1114527**

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required  
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

**ALLEN R. GREENWALD**

**000004652590-3**

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

**1320 SOUTH DIXIE HWY #**

**-10/25/01-01025-015**

**\*\*\*\*150.00 \*\*\*\*150.00**

Suite, Apt. #, Etc.

**#781**

City

**C. GABLES**

State

**FL**

Zip Code

**33146**

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

REGISTERED AGENT MUST SIGN

Date

**10/15/01**

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

**MGR ALLEN R. GREENWALD**

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)