


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2004 APR 28 A 10: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #M99000001060

1. Limited Liability Company's Name

18300 SW 137th Avenue, LLC

2. Principal Office Address		3. Mailing Office Address	
20191 East Country Club Dr. Suite, Apt. #, etc. Suite 2205 City & State Aventura, Florida Zip 33180 Country USA		20191 East Country Club Dr. Suite, Apt. #, etc. Suite 2205 City & State Aventura, Florida Zip 33180 Country USA	

4. State/Country of Formation DE	
5. Date Organized or Qualified To Do Business in Florida 07/09/1999	
6. FEI Number	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 Hyman Manes	
Street Address (P.O. Box Number is Not Acceptable) 20191 East Country Club Drive Suite, Apt. #, Etc. Suite 2205	
City Aventura	State FL
	Zip Code 33180

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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: *Hyman Manes* REGISTERED AGENT MUST SIGN Date: 4/23/04

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	R.A.Z. Corp.	20191 East Country Club Dr. Suite 2205	Aventura, Florida 33180

**REINSTATEMENT** *00-04*  
*dcc*

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 BY: *Hyman Manes* Date: 3/31/04 Daytime Phone # 305 790-8500

Typed or printed name of signing Managing Member/Manager: Hyman Manes

CR2EDM1 (10/02)