


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 MAY 24 PM 4:53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 02 0000 29835

1. Limited Liability Company's Name  
16911 PROPERTY HOLDINGS, L.L.C.

2. Principal Office Address <u>20383 N.E. 2nd Ave.</u>		3. Mailing Office Address <u>P.O. BOX 2972</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State <u>HALLANDALE BEACH, FL</u>	
Zip <u>33179</u>	Country <u>U.S.A.</u>	Zip <u>33008</u>	Country <u>U.S.A.</u>

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  
13 422 0968

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

Applied For  
Not Applicable

8. Name and Address of Current Registered Agent

Name  
BRUCE SMOLER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
2611 HOLLYWOOD BLVD.

Suite, Apt. #, Etc.

City  
HOLLYWOOD

State  
FL

Zip Code  
33020

500035559305  
05/06/04--01024--003 \*\*150.00  
500035559305  
05/24/04--01108--003 \*\*50.00

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 [Signature] Date 4/29/04

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
MGR.	<u>F. ADELSTEIN</u>	<u>20383 N.E. 2nd Ave.</u>	<u>MIAMI, FL 33179</u>

**REINSTATEMENT** 2003-04

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 [Signature] Date 4/29/04 Daytime Phone# (775) 890-1857

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)