

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 11:55

DOCUMENT # L05000005438

1. Limited Liability Company's Name

MIDTOWN 2308, LLC

W08-19637

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

290 174TH STREET

Suite, Apt. #, etc.

1804

City & State

SUNNY ISLE, FL

Zip

33160

Country

USA

3. Mailing Office Address

60 LAFAYETTE MILES RD

Suite, Apt. #, etc.

City & State

MANALAPAN, NJ

Zip

07726

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/19/2005

6. FEI Number

20-2203774

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

LYUDMILA MASHKOVICH

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

290 174TH STREET,

Suite, Apt. #, Etc.

1804

City

SUNNY ISLE

State

FL

Zip Code

33160

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 04/01/2008

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	LYUDMILA MASHKOVICH	60 LAFAYETTE MILES RD	MANALAPAN, NJ 07726

000123282330
04/14/08--01050--021 **516.25

REINSTATEMENT

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 04/01/2008

Daytime Phone # 732-761-9673

Typed or printed name of signing Managing Member/Manager LYUDMILA MASHKOVICH