

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 SEP 24 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000102178**

1. Limited Liability Company's Name

2423 LEJEUNE RD LLC

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

2121 SW 3RD AVE

Suite, Apt. #, etc.

5TH FLOOR

City & State

MIAMI FL

Zip

33129

Country

USA

3. Mailing Office Address

2121 SW 3RD AVE

Suite, Apt. #, etc.

5TH FLOOR

City & State

MIAMI FL

Zip

33129

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/2006

6. FEI Number

20-8697662

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

FRIEDLANDER & KAMELHAIR, PL

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

3300 N. UNIVERSITY DR

Suite, Apt. #, Etc.

SUITE 4

City

CORAL SPRINGS

State

FL

Zip Code

33065

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9/18/08**

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	MICHAEL PAPPAS	2121 SW 3RD AVE 5TH FLOOR	MIAMI, FL 33129
MGRM	TIMOTHY PAPPAS	2121 SW 3RD AVE 5TH FLOOR	MIAMI, FL 33129

REINSTATEMENT

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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

9/18/08

Daytime Phone #

205-371-3592, ext 211

Typed or printed name of signing Managing Member/Manager

TIMOTHY PAPPAS