

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV -4 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L990000464

1. Limited Liability Company's Name

1350 Collins Avenue LLC

200137574952  
11/03/08--01057--008 \*\*277.50

CR2E041 (10/08)

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

1214 Abbot Kinney Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

1214 Abbot Kinney Boulevard

Suite, Apt. #, etc.

City & State

Venice, California

City & State

Venice, California

Zip

90291

Country

USA

Zip

90291

Country

USA

4. State/Country of Formation  
Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida July 29, 1999

6. FEI Number  
650943777

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

Wayne Canner -- Canner Brody and Yan LLC

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

6175 NW 153rd Street

Suite, Apt. #, Etc.

Suite 401

City

Miami Lakes

State

FL

Zip Code

33014

☒ 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 10/22/08

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| MGRM   | Michael Gleissner                    | Room 203-204, 23 Mercer St. Chuk On               | Sheung Wan, Hong Kong   |
| MGR:   | Jeffrey W. Berkman                   | 2592 Overlook Place                               | Baldwin, New York 11510 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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 10-21-08

Daytime Phone # 212-327-1654

Typed or printed name of signing Managing Member/Manager Jeffrey W. Berkman