

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 28 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300142300463
01/28/09--01004--025 **837.50

CR2E041 (10/08)

DOCUMENT # L02000032256

1. Limited Liability Company's Name

14278 Biscayne, L.L.C.

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

2875 NE 191 Street

Suite, Apt. #, etc.

Suite 702B

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

2875 NE 191 Street

Suite, Apt. #, etc.

Suite 702B

City & State

Aventura, FL

Zip

33180

Country

USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/02/2002

6. FEI Number

54-2086613

☐ 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

Marjorie F. Robbins

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

1090 Kane Concourse

Suite, Apt. #, Etc.

Suite 202

City

Bay Harbor Islands,

State

FL

Zip Code

33154

☒ 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 Jan. 26, 2009

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	Jerrold Blair, Trustee of the Jerrold Blair Irrevocable Trust "A" under Agreement dated June 7, 1984	300 South Pointe Drive, Apt. 3103	Miami Beach, FL 33139

REINSTATEMENT 2004-2009

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 Jan 27, 2009 Daytime Phone # 305-987-9129

Typed or printed name of signing Managing Member/Manager Jerrold Blair, Trustee