

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

09 FEB 10 AM 11:56

DOCUMENT # L95000000197

1. Limited Liability Company's Name

1840 NE 153rd Street, L.C.

REINSTATEMENT 08-09 JRM

CR2E041 (10/08)

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

4975 SW 76 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

4975 SW 76 Avenue

Suite, Apt. #, etc.

4. State/Country of Formation
Florida/Broward

5. Date Organized or Qualified
To Do Business in Florida 03/14/1995

6. FEI Number
65-0606565

☐ 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
Merrill Spivak

Street Address (P.O. Box Number is Not Acceptable)
4975 SW 76 Avenue

Suite, Apt. #, Etc.

City
Davie

State Zip Code
FL 33328

☒ 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

Date 02/05/09

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
MGRM	Merrill Spivak	4975 SW 76 Avenue	Davie, Florida 33328

500143255215
02/10/09--01013--013 **277.50

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 02/05/09

Daytime Phone # 954-680-5917

Typed or printed name of signing Managing Member/Manager Merrill Spivak