

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2009 MAY 12 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300155462423
05/05/09--01039--010 **2797.50
CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000021603

1. Limited Liability Company's Name
SOUTH BEACH MANOR, L.C.

| | | | |
|--|---------------|--|---------------|
| 2. Principal Office Address - No P.O. Box # 701 COLLINS AVE | | 3. Mailing Office Address 701 COLLINS AVE | |
| Suite, Apt. #, etc. 4A | | Suite, Apt. #, etc. 4A | |
| City & State MIAMI BEACH FL | | City & State MIAMI BEACH FL | |
| Zip 33139 | Country US | Zip 33139 | Country US |

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida **12/2001**

6. FEI Number Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
RONALD H KAUFFMAN

Street Address (P.O. Box Number is Not Acceptable)
100 se second street

Suite, Apt. #, Etc.
SUITE 2700

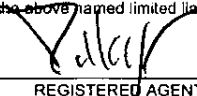
City
MIAMI

State
FL

Zip Code
33131

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 **MARCH 25 2009**

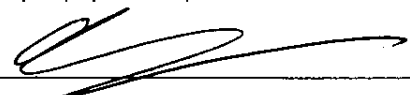
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|----------------------|
| MGR | FIRAS AZZOUNI | 701 Collins Ave Unit 4A | Miami Beach FL 33139 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 03-09

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 4/28/09 Daytime Phone # 9176731968

Typed or printed name of signing Managing Member/Manager **FIRAS AZZOUNI**