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L95000000197

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 DEC 31 PM 4:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L95000000197

Name and Mailing Address

500009770465
12/31/02--01073--001 **150.00

0002611 01 FP 0.352 **PRSRT T8 0 0615 33162-604440

1840 NE 153RD ST., L.C.
1840 N.E. 153RD ST.
NORTH MIAMI BEACH FL 33162-6044

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

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

Principal Place of Business: 1840 N.E. 153RD ST. NORTH MIAMI BEACH FL 33162

3. New Principal Place of Business Address

City, State, Zip

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

SPIVAK, MERRILL
1840 NE 153RD ST.
NORTH MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

10. 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 12-27-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SPIVAK, MERRILL	1840 N.E. 153RD ST.	NORTH MIAMI BEACH FL 33162
MGRM	SPIVAK, PHYLLIS	1840 N.E. 153RD ST.	NORTH MIAMI BEACH FL 33162
~~MGRM~~	~~SPIVAK, PHYLLIS~~	~~1840 N.E. 153RD ST.~~	~~NORTH MIAMI BEACH FL 33162~~
		REINSTATEMENT 2002 QR	

12. 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 12-27 Daytime Phone # 305-947-3999

Typed or printed name of signing Managing Member/Manager