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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT
LLC UBR



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

FILED

03 APR 18 PM 4:47

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

1. DOCUMENT # L01000005232

Name and Mailing Address

0002106 01 FP 0.352 **PRST T7 0 0615 33140-303600



COHEN KENDALL LAKES, L.L.C.
 4500 POST AVE.
 MIAMI BEACH FL 33140-3036



4/18 2002-2003 UBR

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4500 POST AVE. MIAMI BEACH FL 33140		5. Date Organized or Qualified To Do Business in Florida 04/04/2001	
3. New Principal Place of Business Address City, State, Zip		6. 65-1097219 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent COHEN, RICHARD 4500 POST AVE. MIAMI BEACH FL 33140		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

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
MGR	COHEN, RICHARD	4500 POST AVE.	MIAMI BEACH FL 33140

600016324416

04/18/03--01045--018 **50.00

302240900307

08/21/02 90092 004 \$50.00

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 **4-17-03** Daytime Phone # **305-535-0870**

Typed or printed name of signing Managing Member/Manager _____

■ Cohen Kendall Lakes, LLC



- Office Buildings
- Warehouses
- Shopping Centers
- Apartment Buildings

4-22-03

sent via fax # 18504101015

TO: BREDNA TADLOCK

RE: LETTER REQUESTING FEI # 65-1097219

Dear Ms. Tadlock

I never received a letter from the Florida Department of State or any other agency requesting my FEI number hence forth any dissolution or revocation.

Please reinstate Cohen Kendall Lakes, LLC.

Thank You:

Richard Cohen
Cohen Kendall Lakes, LLC

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