

L00000006212

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT -8 PM 3:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006212

1. Limited Liability Company's Name

1200 Biscayne Enterprises, LLC

300023613443
10/08/03--01029--010 **150.00

2. Principal Office Address

3211 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 305

City & State

Coral Gables, FL

Zip

33134

Country

U.S.

3. Mailing Office Address

3211 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 305

City & State

Coral Gables, FL

Zip

33134

Country

U.S.

4. State/Country of Formation

Florida/U.S.

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

06/05/2000

6. FEI Number

65-1012362

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

Michael Mermelstein, CPA c/o Mermelstein Hidalgo LLP

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

3211 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 305

City

Coral Gables

State

FL

Zip Code

33134

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

Michael Mermelstein

Date 10/03/03

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	Avra Jain	226 West Rivo Alto	Miami Beach, FL 33139

REINSTATEMENT 2003

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

Avra Jain

Date 10/03

Daytime Phone (305) 495 1735

Typed or printed name of signing Managing Member/Manager

Avra Jain

Blue Ink: *Avra Jain*

CR25041 (10/02)