

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L00000007686**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 26 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007686

1. Limited Liability Company's Name

Ocean Grande Beach Resort, L.C. *By*

10/28/03 01086 001 \$150.00

10/28/03 01056 011 \$50.00

2. Principal Office Address

18101 Collins Ave

Suite, Apt. #, etc.

3. Mailing Office Address

18101 Collins Ave

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

06/29/2000

6. FEI Number

65-1024648

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

Ronald R. Fieldstone

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 601

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

REGISTERED AGENT MUST SIGN

Date

11/26/03

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	Michael Dezer	89 Fifth Ave, 11th fl	New York, N.Y. 10003
MGRM	Neomi Dezertov	89 Fifth Ave, 11th fl	New York, N.Y. 10003

**REINSTATEMENT 2003**

*mk*

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

*Neomi Dezertov*

Date 11/24/03

Daytime Phone# 212 9291285

Typed or printed name of signing Managing Member/Manager

Neomi Dezertov

CR2E041 (10/02)