

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

L0000000748

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

JUL 1 11 30 AM '02  
TALLAHASSEE, FLORIDA

DOCUMENT # L0000000748

1. Limited Liability Company's Name

THE SHOPPES OF NORTH BAY VILLAGE, LLC

000006224070--0  
-07/05/02--01056--005  
\*\*\*\*200.00 \*\*\*\*200.00

2. Principal Office Address

1320 S. Dixie Hgwy

3. Mailing Office Address

1320 S. Dixie Hgwy

Suite, Apt. #, etc.  
781

Suite, Apt. #, etc.  
781

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

1/20/00

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip  
33146

Country  
USA

Zip  
33146

Country  
USA

6. FEI Number

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

B. Name and Address of Current Registered Agent

Name

GARY L. BROWN, ESO.

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

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

265-S

City

Hollywood

State  
FL

Zip Code  
33021

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

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	Scott Greenwald	1320 S. Dixie Hwy, # 781	Coral Gables, FL 33146

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 6/27/02

Daytime Phone# 305-667-2225

Typed or printed name of signing Managing Member/Manager

Scott Greenwald

CR20041 (9/01)