

L 000000000853

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

02 JAN 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L000000000853**

1. Limited Liability Company's Name

LOREI BEACH LLC

300004799033--5

-01/25/02--01096--011

****205.00 ****205.00

2. Principal Office Address

5 NW 167 ST

Suite, Apt. #, etc.

3. Mailing Office Address

5 NW 167 ST

Suite, Apt. #, etc.

City & State

N MIAMI BEACH FL N MIAMI BEACH FL

Zip

33169

Country

DAVE

Zip

33169

Country

DAVE

4. State/Country of Formation

FLORIDA / DAVE

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

1/24/00

6. FEI Number

65-0974775

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

ROYALE MANAGEMENT SERVICES INC

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

2319 N ANDREWS AVE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33311

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

PRES

Date

1/11/01

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	PESSOA REINER	5601 COLLINS AVE # 1024	MIAMI BEACH FL 33140

REINSTATEMENT 2001-2002

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

1/11/02

Daytime Phone #

305-801-2967

Typed or printed name of signing Managing Member/Manager

PESSOA REINER

CR20041 (9/01)