

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L 00000001994

1. Limited Liability Company's Name

**7501 Biscayne Boulevard LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>7501 Biscayne Blvd.</b>		3. Mailing Office Address <b>2752 SW 132 Way</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Davie, FL</b>	
Zip <b>33138</b>	Country <b>USA</b>	Zip <b>33330</b>	Country <b>USA</b>

4. State/Country of Formation	<b>Florida/USA</b>	
5. Date Organized or Qualified To Do Business in Florida	<b>02/23/2000</b>	
6. FEI Number	<b>65-0990164</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent		
Name <b>Mark Brown</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>4801 S. University Dr.</b>		
Suite, Apt. #, Etc. <b>Suite 227</b>		
City <b>Davie</b>	State <b>FL</b>	Zip Code <b>33328</b>

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **12/11/2007**

**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
CEO	Mark Brown	2752 SW 132 Way	Davie, FL 33330
President	Kevin McKenna	19301 NW 8th Street	Pembroke Pines, FL 33029

REINSTATEMENT

2006-2007

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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 **12/11/2007**

Daytime Phone # **954-649-8210**

Typed or printed name of signing Managing Member/Manager **Mark W. Brown**