

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000008796

1. Limited Liability Company's Name

4300 NW 128 ST. ASSOCIATES, L.L.C.

2. Principal Office Address - No P.O. Box #
4300 NW 128TH STREET

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

Zip

33054

Country

USA

3. Mailing Office Address

12790 NW 42ND AVENUE

Suite, Apt. #, etc.

ATTN: INTER AMERICAN

City & State

OPA LOCKA, FL

Zip

33054

Country

USA

REINSTATEMENT

CR2E041 (05/10)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

07/25/2000

6. FEI Number

651038174

☐ 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

LERMAN, CARLOS D

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

2611 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Date JULY 6, 2010

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	PAUL SILBERFARB	12790 NW 42ND AVE	OPA LOCKA, FL 33054

11. E-mail Address: RBSIL@AOL.COM

(To be used for future annual report notifications)

12. 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

JULY 6, 2010

Daytime Phone #

305-687-0700

Typed or printed name of signing Managing Member/Manager PAUL SILBERFARB