

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 09 AM 8:32

1. DOCUMENT # L00000008797

Name and Mailing Address

0007717 01, AT 0.292 **AUTO T9 0 0615 33181-252255

MBA PROPERTIES, L.L.C.

12555 BISCAYNE BLVD., SUITE 714
NORTH MIAMI FL 33181-2522

SECRETARY OF STATE
1000 BAYVIEW BLVD
08/05/04 01080-004 **200.00



2. New Mailing Address

1606 KENNEDY CAUSEWAY #610
NORTH BAY VILLAGE, FL 33141

Principal Place of Business
12555 BISCAYNE BLVD., SUITE 714
NORTH MIAMI FL 33180

3. New Principal Place of Business Address
1606 KENNEDY CAUSEWAY #610
NORTH BAY VILLAGE, FL 33141

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 07/20/2000

6. FEI Number
30-0026185

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

SHERMAN, ROBERT
12555 BISCAYNE BLVD., SUITE 714
NORTH MIAMI FL 33180

9. Name and Address of New Registered Agent

ROBERT SHERMAN
1606 KENNEDY CAUSEWAY #610
NORTH BAY VILLAGE FL 33141

10. I, being appointed 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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SHERMAN, ROBERT	12555 BISCAYNE BLVD., SUITE 714 1606 KENNEDY CAUSEWAY #610	NORTH MIAMI FL 33180 NORTH BAY VILLAGE, FL 33141

REINSTATEMENT

2003-2004

8/10/04

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

SIGNATURE REQUIRED

Date

Daytime Phone #

ROBERT SHERMAN

(305) 586-7787