


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L00000012071</b>		
1. Entity Name 901 N.E. 125TH STREET LLC		

**FILED**

04 OCT 25 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*MJM*



10222004 REIN-LLC

CR2E101 (6/04)

*10/25*

Principal Place of Business 901 N.E. 125TH STREET NORTH MIAMI, FL 33161-5718	Mailing Address 901 N.E. 125TH ST. SUITE 107 NORTH MIAMI, FL 33161-5718
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1047495	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHUPACK, ROBERT A 4800 N. FEDERAL HIGHWAY BOCA RATON, FL 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2005, Fee will be \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIBOTSKY, MARVIN H 901 NE 125 STREET, SUITE 107 NORTH MIAMI, FL 331615718 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVINE, NORMAN 901 NE 125 ST., SUITE 107 NORTH MIAMI, FL 331615718 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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900042160179  
10/25/04--01071--011 \*\*50.00

**REINSTATEMENT**

*W/o penalty*

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b> <i>Marvin H. Ribotsky</i>	<b>Marvin H. Ribotsky</b>	<b>10/21/04</b>	<b>305-895-0202</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>