

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

AND
FILED
02 JUN 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000012765

1. Limited Liability Company's Name

394 CORP., LLC

REINSTATEMENT

2001-
2002

2. Principal Office Address

8491 N.W. 17 Street

Suite, Apt. #, etc.

Suite L

City & State

Miami, Florida

Zip

33126

Country

USA

3. Mailing Office Address

8491 N.W. 17 Street

Suite, Apt. #, etc.

Suite L

City & State

Miami, Florida

Zip

33126

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

Harold L. Lewis, Esquire / Pathman Lewis, LLP

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

Two South Biscayne Boulevard

Suite, Apt. #, Etc.

One Biscayne Tower - Suite 2400

City

Miami

000005911640-0

06/21/02-01072-01

****150.00 ****150.00

State
FL

Zip Code
33131

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 6.6.02

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	Donald J. Kipnis	8491 N.W. 17 Street Suite L	Miami, Fl. 33126

000005911640-0

06/21/02-01072-014

*****50.00 *****50.00

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 4.10.02 Daytime Phone # 305.599.2300

Typed or printed name of signing Managing Member/Manager Donald J. Kipnis

CR2E041 (8/01)