

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 6 AM 8:01

1. DOCUMENT # L01000000097

Name and Mailing Address

0008385 01 FP 0.352 \*\*PRSRT H6 0 0615 33134-521375

0008383 01 FF 0,592 44PRSKT RS 0 0010 00104 021010

2618-32 NORTH MIAMI AVENUE, LLC  
2121 PONCE DE LEON BLVD., STE. 1100  
CORAL GABLES FL 33134-5213



<b>2. New Mailing Address</b> <div style="font-size: 1.2em; font-family: cursive;">167 NW 25 STREET</div> <div style="font-size: 1.2em; font-family: cursive;">MIAMI FL 33127</div>		<b>4. State/Country of Formation</b> <div style="font-size: 1.2em; font-family: cursive;">FL</div>																																	
<b>City, State, Zip</b> <div style="font-size: 1.2em; font-family: cursive;">MIAMI FL 33127</div>		<b>5. Date Organized or Qualified To Do Business in Florida</b> <div style="font-size: 1.2em; font-family: cursive;">01/03/2001</div>																																	
<b>Principal Place of Business</b> <div style="font-size: 1.2em; font-family: cursive;">2121 PONCE DE LEON BLVD., STE. 1100 CORAL GABLES FL 33134</div>		<b>3. New Principal Place of Business Address</b> <div style="font-size: 1.2em; font-family: cursive;">City, State, Zip</div>																																	
<b>6. FEI Number</b>		<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>																																	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee required for a Certificate of Status</b>																																	
<b>8. Name and Address of Current Registered Agent</b>  <div style="font-size: 1.2em; font-family: cursive;">HORWITZ, SANFORD B 2121 PONCE DE LEON BLVD., STE. 1100 CORAL GABLES FL 33134</div>		<b>9. Name and Address of New Registered Agent</b> <div style="font-size: 1.2em; font-family: cursive;">Name</div> <div style="font-size: 1.2em; font-family: cursive;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="font-size: 1.2em; font-family: cursive;">City <span style="float: right;">FL</span> Zip Code</div>																																	
<b>10. 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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature of Registered Agent</b>  <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div> </div> <div style="width: 30%;"> <b>Date</b>  <div style="font-size: 1.2em; font-family: cursive;">12-2-07</div> </div> </div> <div style="text-align: center; font-weight: bold; font-size: 1.1em;">REGISTERED AGENT MUST SIGN</div>																																			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td style="font-size: 1.2em; font-family: cursive;">MGR</td> <td style="font-size: 1.2em; font-family: cursive;">DAVID Lombardi</td> <td style="font-size: 1.2em; font-family: cursive;">167 NW 25 STREET</td> <td style="font-size: 1.2em; font-family: cursive;">MIAMI FL 33127</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	DAVID Lombardi	167 NW 25 STREET	MIAMI FL 33127																								
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<div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.2em; font-family: cursive;">2002 98</div>																																			

CR2E084 (8/02)

12. I certify that I am managing member/manager of 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	3	02
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Daytime Phone #

305 695 1600