

PLEASE REPLY TO THE DIVISION OF CORPORATIONS, 100 NORTH GULF BLVD., SUITE 100, TAMPA, FL 33602

L01000000229

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000229

1. Limited Liability Company's Name

26TH STREET PLAZA, LLC

10/4/02

2. Principal Office Address

5643 NW 74 Avenue

Suite, Apt. #, etc.

City & State
Miami, FL 33166

Zip Country
33166 USA

3. Mailing Office Address

8004 NW 154 Street

Suite, Apt. #, etc.

PMB 198

City & State
Miami Lakes, FL

Zip Country
33016 USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

01/02/01

6. FEI Number

593693740

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

Richard E. Basha, P.A.

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

600 South Andrews Avenue

Suite, Apt. #, Etc.

Suite 302

City

Ft. Lauderdale

State
FL

Zip Code
33301

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

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	Calixto O'orta	5643 NW 74 Avenue	Miami, FL 33166
MGRM	Rafeek Khan	5643 NW 74 Avenue	Miami, FL 33166
Member	Carl Rose	5643 NW 74 Avenue	Miami, FL 33166
Member	Marie Rose	5643 NW 74 Avenue	Miami, FL 33166
REINSTATEMENT 2002			
(BR)			

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

10/15/02

Daytime Phone #

305-888-4575

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)