

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
TALLAHASSEE, FLORIDA

03 FEB 11 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LOI 000002595**

1. Limited Liability Company's Name
STUDIO 167, L.L.C.

11/19/02--01094--001 **155.00

2. Principal Office Address
3209 NE 169 Street

3. Mailing Office Address
80 NE 168th St.

4. State/Country of Formation
Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Date Organized or Qualified
To Do Business in Florida **2/19/01**

City & State
Miami, Florida

City & State
N. Miami Beach

6. FEI Number
65-1077812

Applied For
 Not Applied

Zip Country
33160 USA

Zip Country
33162 U.S.A.

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JEFFREY FEINBERG

Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd.

400009088514
02/11/03 01022-014 **50.00

Suite, Apt. #, Etc.
350 N

City
Hollywood

State Zip Code
FL 33021

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 **JEFF FEINBERG**
REGISTERED AGENT MUST SIGN

Date **11-01-02**

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	ELI HADAD	3209 NE 169 Street	Miami, Florida 33160

REINSTATEMENT 02/03

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 **ELI HADAD**

Date **11-1-02** Daytime Phone # **786-251-0667**

Typed or printed name of signing Managing Member/Manager **ELI HADAD**

305-654-0626