

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 03 PM 4:11

12/20

DOCUMENT # L0100003141

1. Limited Liability Company's Name

2601 Associates, LLC

REINSTATEMENT

2002-2003

2. Principal Office Address

4825 South Leclair

Suite, Apt. #, etc.

City & State

Chicago, Illinois

Zip

60638

Country

US

3. Mailing Office Address

2601 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33140

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/01/2001

6. FEI Number

36-4425116

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

Adam R. Schiffman, Esquire

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

2999 N.E. 191st Street

Suite, Apt. #, Etc.

Suite 900

City

Aventura

State

FL

Zip Code

33180

000014317580

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/14/03

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
MM	Michael Giorango	2601 Collins Avenue	Miami Beach, Florida 33140

REINSTATEMENT

2002-2003

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

[Signature]
Michael Giorango

Date

3/14/03

Daytime Phone #

305 538-7721

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)