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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

1. DOCUMENT # L01000004459

Name and Mailing Address

0001147 01 FP 0.352 **PRST T4 0 0615 33019-272193



MAZAL TOV 613 II, LLC
2751 SOUTH OCEAN DRIVE
UNIT 1701 NORTH
HOLLYWOOD FL 33019-2721

10/4/02

FILED
04 FEB 25 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address 2751 South Ocean Drive, Unit 701N City, State, Zip Hollywood, Florida 33019		4. State/Country of Formation FL																													
3. New Principal Place of Business Address 2751 S. Ocean Dr, #701N City, State, Zip Hollywood, FL 33019		5. Date Organized or Qualified To Do Business in Florida 03/23/2001																													
Principal Place of Business 2751 SOUTH OCEAN DRIVE UNIT 1701 NORTH HOLLYWOOD FL 33019		6. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																													
8. Name and Address of Current Registered Agent SMOLER, BRUCE J 400 S.E. 2ND STREET SUITE 2020 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																													
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2611 Hollywood Boulevard City Hollywood FL Zip Code 33020																															
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. Signature of Registered Agent <i>[Signature]</i> Date 12/11/03 REGISTERED AGENT MUST SIGN																															
11. Names and Street Addresses of Each Managing Member/Manager <table border="1"> <thead> <tr> <th>Title(s)</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Mgr</td> <td>Jacob Meldung</td> <td>2751 South Ocean Drive Unit 701N</td> <td>Hollywood, Florida 33019</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	Jacob Meldung	2751 South Ocean Drive Unit 701N	Hollywood, Florida 33019																				
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Mgr	Jacob Meldung	2751 South Ocean Drive Unit 701N	Hollywood, Florida 33019																												
12. 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 <i>[Signature]</i> Date 12/11/03 Daytime Phone # 954-232-8818 Typed or printed name of signing Managing Member/Manager Jacob Meldung																															

CR2E084 (8/02)