

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

601000004507

02 NOV -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004507

Name and Mailing Address

0002342 01 FP 0.352 **PRSRT TB 0 0615 33154-261201



CORONADO HOTEL L.L.C.
9501 COLLINS AVE.
MIAMI BEACH FL 33154-2612

MMH



11/4 2002

2. New Mailing Address 4300 N. MERIDIAN. AV. City, State, Zip MIAMI BEACH FL 33140.		4. State/Country of Formation FL	
Principal Place of Business 9501 COLLINS AVE. MIAMI BEACH FL 33139		5. Date Organized or Qualified To Do Business in Florida 03/23/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1138042.	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent UMANSKY, PABLO J 9501 COLLINS AVE. MIAMI BEACH FL 33139		9. Name and Address of New Registered Agent Name UMANSKY PABLO J. Street Address (P.O. Box Number is Not Acceptable) 4300 N MERIDIAN. AV. M. City MIAMI BEACH FL Zip Code 33140.	
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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 Date 10/28/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	UMANSKY PABLO	4300 N MERIDIAN AV	MIAMI BEACH FL 33140
			200008775792 11/04/02--01018--014 **150.00
			200008775792 11/04/02--01018--015 **5.00

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 Date 10-28-02 Daytime Phone # 305 216 8315

Typed or printed name of signing Managing Member/Manager