


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:44

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L01000004886

**1. Limited Liability Company's Name**  
West Dixie LLC

<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
15499 W. Dixie Highway		Same as principal	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
North Miami Beach, FL			
Zip	Country	Zip	Country
33162	USA		

CR2E041 (8/05)

**4. State/Country of Formation**  
Florida/USA

**5. Date Organized or Qualified To Do Business in Florida** March 29, 2001

**6. FEI Number** 65-1091263  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  
Rhoda Kurzman

Street Address (P.O. Box Number is Not Acceptable)  
15499 West Dixie Highway

Suite, Apt. #, Etc.

City  
North Miami Beach, FL

State  
FL

Zip Code  
33162

**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 Rhoda Kurzman Date 9/7/06

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
MGR	John Kurzman	15499 West Dixie Highway	North Miami Bch, FL 33162
MGR	Rhoda Kurzman	15499 West Dixie Highway	North Miami Bch, FL 33162

**REINSTATEMENT 04-06**  
500079874365  
09/15/06--01029--009 \*\*250.00

**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 Rhoda Kurzman Date 9/7/06 Daytime Phone # (305) 945-4100

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_