

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF  
JAMES B. SMITH  
DIVISION OF CORPORATIONS

**L01000005760**

FILED

02 OCT 25 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005760

Name and Mailing Address

0001711 01 FP 0.352 \*\*PRSRT T6 0 0615 33125-276451



MIAMI RIVER DEVELOPMENT LLC  
2051 NORTHWEST 11TH STREET  
MIAMI FL 33125-2764

10/4/02



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/11/2001

Principal Place of Business

2051 NORTHWEST 11TH STREET  
MIAMI FL 33125

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1096455

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

GARDINER, JAMES  
2051 NORTHWEST 11TH STREET  
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box ~~33000~~ **33000**)

~~10/25/02~~ **10/25/02** ~~01087-003~~ **01087-003** ~~\*\*150.00~~

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10-22-02**

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
MEMBER PARTNER	James bardiner	2051 nw 11th st	miami FL 33125

**REINSTATEMENT** **2002**

**MRJ**

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 **10-22-02**

Daytime Phone # **305 643 0334**

Typed or printed name of signing Managing Member/Manager

**James bardiner**