

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Jill Smith
DIRECTOR
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	
Principal Place of Business 2051 NORTHWEST 11TH STREET MIAMI FL 33125		5. Date Organized or Qualified To Do Business in Florida 04/11/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1096455	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 No. or Post Office) 10/25/02 01087 003 **150.00 City FL Zip Code	
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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: [Signature] 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
MJC

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: [Signature] Date: 10-22-02 Daytime Phone #: 305 643 0334

Typed or printed name of signing Managing Member/Manager: James bardiner