	PLE/	ASE READ /	ALL INSTRUC	TIONS	BEFORE C	OMPLET	ING THIS FORM			
COMPANY			FLORIDA DEPAR Secreta DIVISION OF	ary of Sta	ate	SECRETARY OF STATE DIVISION OF CORPORATIONS				
DOCUMENT # 1. Limited Liability Company's Name										
5650 STRAND COURT, LLC						70 05/05/	700180408847 05/05/1001006019 **1071.25			
	bal Office Address - No F		3. Mailing Office Addr			CR2E041 (11/09)				
8400	B GUADES ROAD	D JUITE DI		8903 GLADES ROOD			ntry of Formation			
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.	в1		5. Date Organ To Do Bus	nized or Qualified	<u>, `</u>	•	
City & State	ca Raim	FL	BUCA RATUN, FL			6. FEI Numbe	<u> </u>	10	Applied For	
^{zip} 3343	Country	· · ·	^{Zip} 33434	Country	·	7. CERTIFICATE			Not Applicable onal Fee required ficate of Status	
	•	ame and Address of	f Current Registered Age			ł				
Name A	FRANCIS N					□ A \$100 reinstatement fee is imposed, except				
Street Add	dress (P.O. Box Numbe	er is Not Acceptable))		!		umstances which the the prior notices. It		-	
Suite, Apt.	<u>945 STJ</u> 1. #. Etc.	IAMES U	WAY			box, yo	ou are certifying the p acceived and reque	prior not	ices were	
				State	Zip Code		tement be waived.	Sting 、	ne sioo	
~~~ <i>KS</i> C	OCA RATOL	J		FL	33434					
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										
10. Name	es and Street Addresse	es of Managing Mem	ibers/Managers				· · · · · · · · · · · · · · · · · · ·			
Titles	Managin	Name of ng Members/Manager	irs	Street Address of Each Managing Member/Manager			City / State / Zip			
mgim	ARNOLD A	ARNORD NEEDLEMAN			JAMES WI	Ay	BOLA RATIN	, Fi	33434	
when	ALAN STE	41	442 PALM COURT			NAPLES, FL	341	08		
				••••						
<u> </u>										
	REINSTATEMENT 2004 - 2010									
!										
11. E-mail Address: anecdieman @ imedboca.com										
12. t 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 certifier 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 <u>4-30-10</u> Daytime Phone # <u>561 376 1055</u>										
Typed or printed name of signing Managing Member/Manager ARNOLD NEEDLEMAN										

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