

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT
L01000008413
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

02 NOV 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008413

1. Limited Liability Company's Name

824 JEFFERSON AVENUE, L.L.C.

2. Principal Office Address

20818 W. Dixie Highway

3. Mailing Office Address

P.O. Box 403353

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, FLA

City & State

Miami Beach, FL

Zip
33180

Country
USA

Zip
33140

Country
USA

4. State/Country of Formation

Miami-Dade County

5. Date Organized or Qualified

To Do Business in Florida 5/25/2001

6. FEI Number

65-0448613

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

Nestor Gorfinkel

Street Address (P.O. Box Number is Not Acceptable)

20818 W. Dixie Highway

Suite, Apt. #, Etc.

City

Aventura

State
FL

Zip Code
33180

500009054275

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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

REGISTERED AGENT MUST SIGN

Date

11-13-02

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
**	Yaakov Brafman	P.O. Box 403353	Miami Beach, FL 33140
**	Eli Webberman	P.O. Box 403353	Miami Beach, FL 33140
***	Manager		
**	Manager		

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

Date

11/14/02

Daytime Phone #

(305) 538-1536

Typed or printed name of signing Managing Member/Manager

Yaakov Brafman

CR2E041 (9/01)