

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000009405

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L01000009405**

1. Corporation Name

630 Conting, LLC

02

2. Principal Office Address

**4875 N. Federal Highway
Suite, Apt. #, etc. 7th Floor
Ft. Lauderdale**

City & State

FL

Zip

33308

Country

USA

3. Mailing Office Address

**4875 N. Federal Highway
Suite, Apt. #, etc. 7th Floor**

City & State

Zip

33308

Country

USA

FILED

04 APR 16 PM 4:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

MK

4. Date Incorporated or Qualified
To Do Business in Florida

6-13-01

5. FEI Number

65-1123551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Harold Betshever & Associates, P.A.

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

4875 N. Federal Highway 7th Floor

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Harold Betshever

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
managing member	CARL KARMAR	625 E. LAS OLAS BLVD	FT. LAUDERDALE, FL 33301
managing member	Robert Wolter	" " "	" " "

REINSTATEMENT 2002-2004

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

CARL KARMAR

Date

4/13/04

Daytime Phone #

829-7900

CR2E081 (01/04)

L010060009405

**LAW OFFICES
KARMIN ADLER & PADOWITZ**

**CARL S. KARMIN
RUSSELL S. ADLER
KENNETH D. PADOWITZ
MICHAEL A. FEINER**

**COURTHOUSE LAW PLAZA • SUITE 300
750 SOUTHEAST 3RD AVENUE
FORT LAUDERDALE, FLORIDA 33316**

**19541 768-9060
FAX 19541 768-9030
INTERNET: WWW.JURYTRIAL.COM**

State of Florida
Division of Corporations
Tallahassee, FL

RE: 630 Cantina, LLC

To Whom It May Concern:

BH

Please be advised that we did not receive our annual reports for this corporation. At this time we are asking that we be reinstated. Enclosed, please find our check in the amount of ~~\$155.00~~, which is for the cost of reinstatement and a copy of the Certificate of Good Standing.

Thank you for your anticipated prompt attention to this matter.

Very truly yours,



CARL S. KARMIN

:df

Enclosures