

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda Hood  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 22 PM 3:59

1. DOCUMENT # L01000010299

Name and Mailing Address

0007694 01 AT 0.292 \*\*AUTO TS 0 0615 33180-305209



AVENTURA TURNBERRY REALTY, LLC  
20185 E COUNTRY CLUB DR.  
1609  
NORTH MIAMI BEACH FL 33180-3052



12/12/04

REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/26/2001	
Principal Place of Business 1410 SUNSET HARBOUR DR., STE. 218 MIAMI BEACH FL 33139	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0666810	Applied For Not Applicable
8. Name and Address of Current Registered Agent PHILIPS, DAVID ESQ. 757 WASHINGTON AVE. MIAMI BEACH FL 33139		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Victor Lerner Street 1410 Sunset Harbour DR #218 City Miami Beach FL 33139			
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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 12/12/04 REGISTERED AGENT MUST SIGN			
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
MGR	LERNER, VICTOR A	1410 SUNSET HARBOUR DR., STE. 218	MIAMI BEACH FL 33139
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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date _____ Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager _____			

REINSTATEMENT

2003

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