

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 12 AM 8:59

03/24/04

DOCUMENT # L01000010412

1. Limited Liability Company's Name

Venice Village Shoppes, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address

4147 South Tamiami Trail

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34293

Country

USA

3. Mailing Office Address

108-18 Queens Blvd

Suite, Apt. #, etc.

302

City & State

Forest Hills, NY

Zip

11375

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/27/2001

6. FEI Number

65-1116151

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

Barry Rudofsky

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

4147 South Tamiami Trail

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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

Barry Rudofsky

REGISTERED AGENT MUST SIGN

Date

3-8-04

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
MGRM	Midland Owners, LLC	108-18 Queens Blvd Suite 302	Forest Hills, NY 11375
MGRM	Bronstein Properties, LLC	108-18 Queens Blvd Suite 302	Forest Hills, NY 11375
		2003 - 2004	

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

Barry Rudofsky

Date

3-8-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager