

# LO1000012987

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 14 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000012987

1. Limited Liability Company's Name

Motel Garden Apts., LLC

900018939339  
05/14/03--01047--003 \*\*300.00

2. Principal Office Address

19101 Mystic Pt. Dr  
Suite, Apt. #, etc.

2808

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

19101 Mystic Pt Dr  
Suite, Apt. #, etc.

2808

City & State

Aventura

Zip

33180

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

8/06/2001

6. FEI Number

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

Hillel Bronstein

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

1755 NE 164<sup>th</sup> St

Suite, Apt. #, Etc.

Office

City

N. Miami Beach

State

FL

Zip Code

33162

500017622645

04/30/03--01108--013 \*\*1075.00

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 4/28/03

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
MGR	Bronstein, Hillel	19101 Mystic Pt Dr #2808	Aventura, FL 33180
MGR	Bronstein, Paulette	19101 Mystic Pt Dr #2808	Aventura, FL 33180

REINSTATEMENT 0203  
dec

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 4/28/03

Daytime Phone # 305 218 0600

Typed or printed name of signing Managing Member/Manager

CR2E04 (10/02)