

# L01000013421

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 12 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000013421**

1. Limited Liability Company's Name

**NMB Plaza, LLC**

600018813456  
05/12/03--01105--021 \*\*200.00

2. Principal Office Address

**80 NE 168 Street**  
Suite, Apt. #, etc.

3. Mailing Office Address

**80 NE 168 Street**  
Suite, Apt. #, etc.

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified To Do Business in Florida

**19 Feb 2001**

City & State

**North Miami Beach, FL**

City & State

**North Miami Beach, FL**

6. FEI Number

**65-1129356**

Applied For

Not Applicable

Zip

**33162**

Country

**U.S.A.**

Zip

**33162**

Country

**U.S.A.**

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

**Bennett G. Feldman**

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

**2655 Lejeune Road**

Suite, Apt. #, Etc.

**Suite 508**

City

**Coral Gables**

State

**FL**

Zip Code

**33134**

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

*[Signature]*

Date

**5/7/03**

REGISTERED AGENT MUST SIGN

**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
<b>maxm CEO</b>	<b>Eli Hadad</b>	<b>80 NE 168 Street</b>	<b>N. Miami Beach, FL 33162</b>

**REINSTATEMENT**

**05-03**  
**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

*[Signature]*

Date **5/5/03**

Daytime Phone# **305-652-0626**

Typed or printed name of signing Managing Member/Manager

**Eli Hadad**

CR2E041 (10/02)