

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 3:43

1. DOCUMENT # L01000014377

Name and Mailing Address

0002306 01 FP 0,352 \*\*PRSR T7 0 0615 33146-295381



GREENWALD INVESTORS VI, L.L.C.  
1320 S. DIXIE HIGHWAY  
SUITE 781  
CORAL GABLES FL 33146-2953

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

1320 S. DIXIE HIGHWAY  
SUITE 781  
CORAL GABLES FL 33146

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/24/2001

6. FEL Number

03-0400549

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

BROWN, GARY L ESQ.  
4000 HOLLYWOOD BLVD. SUITE 265 SOUTH  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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	GREENWALD, ALLEN R	1320 S. DIXIE HIGHWAY	CORAL GABLES FL 33146

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10/25/02--01114--006--\*\*150.00

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REINSTATEMENT

2002

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

Date

10/22/02

Daytime Phone #

305 667-4856

Typed or printed name of signing Managing Member/Manager

CR2EC84 (8/02)