

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

John Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015201

Name and Mailing Address

0009898 01 FP 0.352 **PRST HS 0 0615 33180-113434



GORIN SREDNI LIMITED LIABILITY COMPANY
21334 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180-1134



US

2. New Mailing Address

City, State, Zip

Principal Place of Business

21334 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180
US

3. New Principal Place of Business Address

20900 West Dixie Highway
City, State, Zip
N. miami Beach, FL 33180

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/06/2001

6. FEI Number

65-1134976

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

LILIAN SREDNI, P.A.
20900 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

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

Lilian Sredni

REGISTERED AGENT MUST SIGN

Date

11/27/02

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
MGRM	GORIN, ANA	21334 WEST DIXIE HIGHWAY 20900	NORTH MIAMI BEACH FL 33180
MGRM	SREDNI, LILIAN	20900 WEST DIXIE HIGHWAY	NORTH MIAMI BEACH FL 33180
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REINSTATEMENT 02			
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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

Lilian Sredni

Date

11-11-02

Daytime Phone #

305-931-3200

Typed or printed name of signing Managing Member/Manager

Lilian Sredni

CR2E084 (8/02)