

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETION 08-19-2002 90136 030 *****50.00
L01000017221

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017221
Name and Mailing Address

0008695 01 FP 0.352 **PRST H7 0 0615 33139-200617
JOHNSON SQUARE SHOPPING CENTER, L.L.C.
1717 COLLINS AVE.
MIAMI BEACH FL 33139-2006



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1717 COLLINS AVE. MIAMI BEACH FL 33139		5. Date Organized or Qualified To Do Business in Florida 10/08/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent LEVINE, ALAN W ESQ. 1110 BRICKELL AVE. 7TH FLOOR MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: ROBERT BALZEBRE Street Address (P.O. Box Number is Not Acceptable): 1717 COLLINS AVENUE City: MIAMI BEACH FL Zip Code: 33139			
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: [Signature] Date: 10-18-02 REGISTERED AGENT MUST SIGN			
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	ROBERT BALZEBRE	1717 Collins Avenue	MIAMI BEACH, FL 33139

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: [Signature] Date: 10-18-02 Daytime Phone #: 305 779 3808

Typed or printed name of signing Managing Member/Manager