

PLEASE READ ALL INSTRUCTIONS BEFORE COM

08-19-2002 90136 029 *****50.00

L01000017223

2002 101
APPLICATION
FOR
REINSTATEMENT
WR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000017223

Name and Mailing Address

0002036 01 FP 0.352 **PRSRT T7 0 0615 33139-200617



DOUGLAS ROAD LAND INTEREST, L.L.C.

1717 COLLINS AVE.

MIAMI BEACH FL 33139-2006

FILED

02 NOV -5 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/08/2001

Principal Place of Business

1717 COLLINS AVE.
MIAMI BEACH FL 33139

3. New Principal Place of Business Address

City, State, Zip

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

LEVINE, ALAN W ESQ.
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

ROBERT P. BALZEBRE

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

~~1717 COLLINS AVE~~

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]

REGISTERED AGENT MUST SIGN

Date 10-18-02

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	ROBERT P. BALZEBRE	1717 COLLINS AVENUE	MIAMI BEACH, FL 33139

11/1 must

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