

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

02 NOV -4 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000021762

Name and Mailing Address

0002103 01 FP 0.352 \*\*PRSR T7 0 0615 33140-294100



OCEAN DRIVE INVESTMENT L.L.C.  
4300 N. MERIDIAN AV.  
MIAMI BEACH FL 33140-2941



11/4 2002

2. New Mailing Address

4300 N MERIDIAN AV.

City, State, Zip  
MIAMI BEACH FL 33140

Principal Place of Business

4300 N. MERIDIAN AV.  
MIAMI BEACH FL 33140

3. New Principal Place of Business Address

1320 OCEAN DRIVE

City, State, Zip  
MIAMI BEACH FL 33139

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/17/2001

6. FEI Number

04-3605432

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

UMANSKY, PABLO J DR.  
4300 N. MERIDIAN AV.  
MIAMI BEACH FL 33140

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 10/28/02

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
MGR	UMANSKY PABLO	4300 N. MERIDIAN AV.	MIAMI BEACH FL 33140.
			400008775774 11/04/02--01018--010 **150.00
			400008775774 11/04/02--01018--011 **5.00

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

10/28/02

Daytime Phone #

305-216 8315

Typed or printed name of signing Managing Member/Manager