


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

# L01000022190

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

**1. DOCUMENT #** L01000022190  
Name and Mailing Address

2002 OCT 28 AM 11:24

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

0001028 01 FP 0.352 \*\*PRSRT T4 0 0615 33012-530765  
605 APARTMENTS, LLC  
3165 WEST 4 AVE.  
HIALEAH FL 33012-5307



<b>2. New Mailing Address</b>  City, State, Zip		<b>4. State/Country of Formation</b>  FL	
<b>Principal Place of Business</b> 3165 WEST 4 AVE. HIALEAH FL 33012		<b>5. Date Organized or Qualified To Do Business in Florida</b>  12/19/2001	
<b>3. New Principal Place of Business Address</b>  City, State, Zip		<b>6. FEI Number</b> 04-3596925	
<b>8. Name and Address of Current Registered Agent</b>  DANIEL M. KEIL, P.A. 3165 WEST 4 AVE. HIALEAH FL 33012		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		<b>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.</b>  Signature of Registered Agent <i>[Signature]</i> Date <u>10/22/02</u> <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>	
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Daniel M. Keil	3165 W. 4 Ave	Hialeah FL 33012
<div style="text-align: right; font-size: small;">           4000008643694            10/29/02--01025--026 **150.00         </div>			
<div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</div>			
<div style="text-align: right; font-size: 1.5em;">2002 <i>[Signature]</i></div>			

**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 10/22/02 Daytime Phone # 321-883-6607

Typed or printed name of signing Managing Member/Manager Daniel M. Keil