

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L01000022722
FILED

02 NOV -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000022722

Name and Mailing Address

0008614 01 FP 0.352 **PRSRT H7 0 0615 33139-461044



LESLIE HOTEL, L.L.C.
1244 OCEAN DR.
MIAMI BEACH FL 33139-4610



11/4 2002

2. New Mailing Address

4300 N. MERIDIAN AVE
City, State, Zip
MIAMI BEACH FL 33140

Principal Place of Business

1244 OCEAN DR.
MIAMI BEACH FL 33139

3. New Principal Place of Business Address

1244 OCEAN DR.
City, State, Zip
MIAMI BEACH, FL 33139

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

12/28/2001

6. FEI Number

26-0025642

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

UMANSKY, PABLO J
1244 OCEAN DR.
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name **UMANSKY PABLO J**
Street Address (P.O. Box Number is Not Acceptable)
4300 N. MERIDIAN
City **MIAMI BEACH** FL Zip Code **33140**

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

600008775836
11/04/02--01018--018 **150.00

600008775836
11/04/02--01018--019 **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

CR2EC94 (8/02)