

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L02000000683

1. Limited Liability Company's Name

2010 NW 31ST STREET, LLC

REINSTATEMENT

2003-2004

04 JUN -7 PM 1:25

L006/10/04

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05/20/04--01049--005 **150.00

2. Principal Office Address

3550 BISCAYNE BLVD

Suite, Apt. #, etc.

406

City & State

MIAMI, FL

Zip

33137

Country

USA

3. Mailing Office Address

3550 BISCAYNE BLVD

Suite, Apt. #, etc.

406

City & State

MIAMI, FL

Zip

33137

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/9/2002

6. FEI Number

37-1422967

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

Name

BARBARA O'ROURKE

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

7605 SW 173 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

9. 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

Barbara O'Rourke

Date 05/18/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANDREW MELTZER	3550 BISCAYNE BLVD. #406	MIAMI, FL 33137
MGRM	PAUL KERZNER	3550 BISCAYNE BLVD. #406	MIAMI, FL 33137
MGMR	LOUIS MELTZER	3550 BISCAYNE BLVD. #406	MIAMI, FL 33137
MGMR	GREGG BARBAGALLO	3550 BISCAYNE BLVD. # 406	MIAMI, FL 33137
REINSTATEMENT		2003 - 2004	05/02/03 90585 042 \$5000

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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

Andrew MelTZer

Date 5/18/04

Daytime Phone#

305-573-1577

Typed or printed name of signing Managing Member/Manager

ANDREW MELTZER

CR2E041 (10/02)