

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 MAY 11 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # LO 2000001815**

**1. Limited Liability Company's Name**

Miriam Management LLC

**2. Principal Office Address**

777 Arthur Godfrey Road

Suite, Apt. #, etc.

2nd floor

City & State

Miami Beach, Florida

Zip 33140  
~~32314~~

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

Florida

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

1/22/02

**6. FEI Number**

15-3190445

☒ 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

Herbert Lerner, Esq.

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

777 Athur Godfrey Road

Suite, Apt. #, Etc.

2nd floor

City

Miami Beach, Florida

State  
FL

Zip Code

~~32314~~ 33140

**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

*Herbert Lerner*  
REGISTERED AGENT MUST SIGN

Date

5/9/05

**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
Mang	Abraham M. Fuss	777 Arthur Godfrey Road <i>AP-THUR</i>	Miami Beach Fl. 33140
			600055720076 06/03/05--01057--007 **255.00
			REINSTATEMENT 03-05
			CWS

**11. 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

*Abraham M. Fuss*

Date

5/9/05

Daytime Phone #

305 673-3000

Typed or printed name of signing Managing Member/Manager

ABRAHAM M. FUSS

CR2E041 (10/02)