

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP -2 P 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002645

1. Limited Liability Company's Name

MAI Development, L.L.C.

2. Principal Office Address

51 Saint George Place

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

3. Mailing Office Address

51 Saint George Place

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

4. State/Country of Formation

Florida

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

1/30/2002

6. FEI Number

510420365

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

Armand Ifrah

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

51 Saint George Place

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

REGISTERED AGENT MUST SIGN

Date Aug 30, 2004

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
MEM	Armand Ifrah	51 Saint George Place	Palm Beach Gardens, FL 33418

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

Date 8/30/04

Daytime Phone # 561-624-2019

Typed or printed name of signing Managing Member/Manager

Armand Ifrah

CR2E041 (10/02)

LAW OFFICES
KAMEN & ORLOVSKY
PROFESSIONAL ASSOCIATION
SUITE 402 SOUTH
1601 BELVEDERE ROAD
WEST PALM BEACH, FLORIDA 33406-1517

MICHAEL A. KAMEN
DONALD A. ORLOVSKY
MICHAEL T. DOLCE

TELEPHONE (561) 687-8500
FAX (561) 687-7892

August 31, 2004

Division of Corporations
LLC Reinstatements
P.O. Box 6327
Tallahassee, FL 32314

RE: MAI Development, L.L.C.; Document No. L02000002645

Dear Sir/Madam:

Enclosed herewith please find an original Limited Liability Company Reinstatement form for the above-referenced company. We are submitting this form as a replacement to the form that was originally submitted to the State earlier this year but was returned for corrections to Block 10, "Titles". It is our understanding that the Division of Corporations is holding the reinstatement and annual report fee totaling \$150.00 on behalf of MAI Development, L.L.C. pending receipt of this corrected form. If you find everything to be in order, it is respectfully requested that MAI Development, L.L.C. be reinstated as a Florida limited liability company in good standing.

If you should have any comments or questions regarding the foregoing, please do not hesitate to call.

With kind regards, we are

Very truly yours,

KAMEN & ORLOVSKY, P.A.

Michael A. Kamen - ema
Michael A. Kamen

/LMA (1-1923/lma1358.let)

Enclosure

cc: Mr. Armand Ifrah, Managing Member
MAI Development, L.L.C.

Mr. Martin V. Delisi