

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 13 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000005038

1. Limited Liability Company's Name

SHOPS ON THE AVENUE L.L.C.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2742 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

2742 BISCAYNE BLVD

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

US

Zip

33137

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 03/01/2002

6. FEI Number

01-0656821

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

ISAAC MATZ

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

2742 BISCAYNE BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date 1-08-09

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
MGRM	ISAAC MATZ	2742 BISCAYNE BLVD.	MIAMI FL 33137
MGRM	RUBEN MATZ	2742 BISCAYNE BLVD	MIAMI FL 33137

REINSTATEMENT 06-09

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01/12/09--01075--006 **555.00

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 1-08-09

Daytime Phone # 305-573-6640

Typed or printed name of signing Managing Member/Manager ISAAC MATZ