

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L020000006491

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L020000006491

1. Limited Liability Company's Name

Dezer Development, LLC

2. Principal Office Address

18101 Collins Ave

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

3. Mailing Office Address

18101 Collins Ave

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03/19/2002

6. FEI Number

02-0625389

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

David Shear

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 601

City

Coral Gables

State

FL

Zip Code

33134

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

[Signature]

Date 11/26/03

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	Michael Dezer	89 Fifth Ave., 11th FL	New York, N.Y. 10003
MGRM	Neomi Dezertsov	89 Fifth Ave., 11th FL	New York, N.Y. 10003

REINSTATEMENT 2003

[Signature]

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

Neomi Dezertsov

Date 11/24/03

Daytime Phone # 212 929 1285

Typed or printed name of signing Managing Member/Manager

Neomi Dezertsov

CR2E041 (10/02)