

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

LU 2000011053

FILED
03 OCT 29 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500024123385
11/01/03--01067--013 **180.00

DOCUMENT #

1. Limited Liability Company's Name

Young Circle Garage LLC

9/26/03

2. Principal Office Address

3701 N Country Club Dr

Suite, Apt. #, etc.

Suite 1704

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

3701 N Country Club Dr

Suite, Apt. #, etc.

Suite 1704

City & State

Aventura, FL

Zip

33180

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified
To Do Business in Florida

5-8-2002

6. FEI Number

10-9384134

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

Franklin D. Koppel

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

3701 North Country Club Dr

Suite, Apt. #, Etc.

Suite 1704

City

Aventura

State

FL

Zip Code

33180

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

10-21-03

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	Franklin D. Koppel	3701 N Country Club Dr, Suite 1704	Aventura, FL 33180
	Sole Managing Manager		

REINSTATEMENT 2003

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

10-21-03

Daytime Phone #

305-793-0287

Typed or printed name of signing Managing Member/Manager

Franklin D. Koppel

CR20041 (10/02)