

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 AM 9:02

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000011903

Name and Mailing Address

0007617 01 AT 0.292 \*\*AUTO T8 0 0615 33180-170881



461 EAST 99TH STREET, L.L.C.  
3675 N. COUNTRY CLUB DRIVE, #1906  
AVENTURA FL 33180-1708



2. New Mailing Address

City, State, Zip

Principal Place of Business

3675 N. COUNTRY CLUB DRIVE, #1906  
AVENTURA FL 33180

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/10/2002

6. FEI Number

☒ 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

**Richard**  
PILLINGER, RICHARD S P.A.  
3300 UNIVERSITY DRIVE, SUITE 901  
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/18/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing  
Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

**President**  
**Member**  
Stanley Snyder

3675 N. Country Club Dr.  
#1906

Aventura, FL 33180

600024854766  
11/19/03--01043--003 \*\*150.00

**REINSTATEMENT 2003**

12. 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

**SIGNATURE REQUIRED**

Date

11/5/03

Daytime Phone #

305 937-2186

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)