

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:19

DOCUMENT # L02000015357

1. Limited Liability Company's Name

115 E. SAN MARINO, LLC

2. Principal Office Address

419 Arthur Godfrey Road

3. Mailing Office Address

419 Arthur Godfrey Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33140

Country

United States

Zip

33140

Country

United States

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

06/19/2002

6. FEI Number

75-3068204

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

300025068293
11/26/03--01024--012 **155.00

8. Name and Address of Current Registered Agent

Name

Neal S. Litman, P.A.

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

2900 SW 28th Terrace

Suite, Apt. #, Etc.

Grove Plaza ~ Second Floor

City

Coconut Grove

State
FL

Zip Code

33133

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

10/30/03

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	Percal, Esther	419 Arthur Godfrey Road	Miami Beach, Florida 33140

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

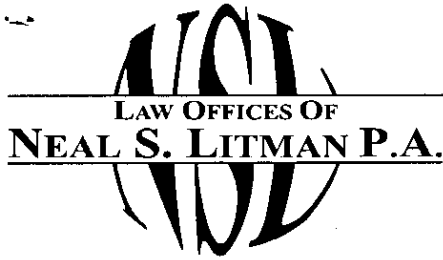
Date

10/30/03

Daytime Phone

(305) 674-4022

Typed or printed name of signing Managing Member/Manager



RICHARD E. DEUTCH, JR.
NEAL S. LITMAN
ROBERT J. NEMROW
CHARLES E. SAMMONS

NEAL@LITMANLAWYER.COM

TELEPHONE: 305-441-9000

TELECOPIER: 305-441-1991

GROVE PLAZA BUILDING ~ SECOND FLOOR ~ 2900 S.W. 28 TERRACE ~ COCONUT GROVE, FL 33133

November 4, 2003

Via U.S. Priority Mail

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: 115 E. San Marino, LLC
Our File No.: 2454.07B

Dear Sir or Madam:

Attached herewith please find check # 1106 in the sum of \$ 155.00 and the completed Limited Liability Company Reinstatement form in connection with the above captioned matter. This sum represents the required reinstatement fee of \$150.00 plus the \$5.00 fee for a certificate of status.

Thank you for your prompt attention to this matter.

Very truly yours,

Neal S. Litman, P.A.

By: 
Isabel C. Mujica
Executive Assistant to
Neal S. Litman, Esq.

/icm

Enclosures as noted.

cc: Ms. Esther Percal (*Via Facsimile No. : 305-674-4078*)

P:\CLIENTS\24002600\2454.07B\Let to Dept of state - reinstatement