

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

03 DEC 18 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021198

Name and Mailing Address

0000020 01 AV 0.278 **AUTO T1 0 0615 33131-215075



2121 LAKE AVENUE, LLC
C/O ROBERT HERTZBERG, ESQ.
100 S.E. 2ND STREET, SUITE 3550
MIAMI FL 33131-2150



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 08/19/2002

Principal Place of Business

C/O ROBERT HERTZBERG, ESQ.
100 S.E. 2ND STREET, SUITE 3550
MIAMI FL 33131

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

16-1622953

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

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name ROBERT HERTZBERG
Street Address 100 S.E. 2ND ST. SUITE 3550
City Miami, FL 33131
State 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

REGISTERED AGENT MUST SIGN

Date

11/17/03

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
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managing member	ROBERT HERTZBERG	1620 Northview Dr Miami Beach, FL 33140	
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REINSTATEMENT

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 and 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 provided 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

11/27/05

Daytime Phone # (305) 371-6060

Typed or printed name of signing Managing Member/Manager

ROBERT HERTZBERG

LORETTA FABRICANT C.P.A. P.A.

20/2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 24, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: 2121 Lake Avenue, LLC
FEIN 16-1622953

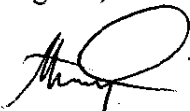
To Whom It May Concern:

We are requesting that the reinstatement penalties for this Limited Liability Company be waived. This is the first year of the company's operation and it has not received any prior notification regarding fees or filings until this notice of dissolution or revocation.

Enclosed please find the application for reinstatement as well as a check for \$50. Please reinstate this LLC at your earliest convenience.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Regards,



Stacy Sand, CPA