

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000022507

1. Limited Liability Company's Name

2005 CALAIS, LLC

W09-9122

2. Principal Office Address - No P.O. Box #

2005 CALAIS DRIVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33141

Country

US

3. Mailing Office Address

C/O: DENNIS MCMAHON

Suite, Apt. #, etc.

1340 NATOMA STREET

City & State

SAN FRANCISCO, CA

Zip

94103

Country

US

4. State/Country of Formation
FLORIDA/ US

5. Date Organized or Qualified
To Do Business in Florida 08/29/2002

6. FEI Number
16-1628371

☐ 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
URBAN RESOURCE, INC

Street Address (P.O. Box Number is Not Acceptable)
1181 71ST STREET

Suite, Apt. #, Etc.

City
MIAMI BEACH

State
FL

Zip Code
33141

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 02/03/09

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	MCMAHON, DENNIS	2005 CALAIS DRIVE	MIAMI BEACH/FL/33141
MGRM	MCMAHON, CHRISTINA MCQUIN	2005 CALAIS DRIVE	MIAMI BEACH/FL/33141
	L. SELLERS		02/24/09--01041--007 **238.75
	APR - 5 2009		
	XAMINER	REINSTATEMENT	05-09

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 02/03/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager