

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN -6 PM 3:18

DOCUMENT # **LO2000023608**

1. Limited Liability Company's Name

South Shore Beach Development LLC

~~06/08/07 -- 01033 -- 012 -- **150.00~~
800104119673
~~06/08/07 -- 01033 -- 012 -- **150.00~~

CR2E041 (1/07)

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

2498 Prairie Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2498 Prairie Ave.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL 33140

Zip

33140

Country

USA

Zip

33140

Country

USA

4. State/Country of Formation

FL/USA

**5. Date Organized or Qualified
To Do Business in Florida**

9/11/02

6. FEI Number

331030551

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

David Lifshutz

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

2498 Prairie Ave.

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

☒ **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 **5/10/07**

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	David Lifshutz	2498 Prairie Ave.	Miami Beach / FL / 33140

REINSTATEMENT

**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

M.M.

Date

5/10/07

Daytime Phone #

305-531-2492

Typed or printed name of signing Managing Member/Manager

David Lifshutz M.M.

\$150.00