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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 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000024981

Name and Mailing Address

0012148 01 AT 0.292 **AUTO T4 0 0615 33432-406360



3400 SECOND AVENUE HOLDINGS, LLC
C/O SAMUEL & CO., LLC
260 EAST BOCA RATON ROAD
BOCA RATON FL 33432-4063

MJM



10/29

2003

2. New Mailing Address

4301 Biscayne Blvd STE 100

City, State, Zip

MIAMI FL 33138

Principal Place of Business

C/O SAMUEL & CO., LLC
260 EAST BOCA RATON ROAD
BOCA RATON FL 33432

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

09/24/2002

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

MARTIN, PEDRO A ESQ
C/O GREENBERG TRAURIG, P.A.
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

700024220727

Street Address (P.O. Box) 10/29/03 01001-009 **150.00

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 10/29/03

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
MGR	SAMUEL, MICHAEL	260 EAST BOCA RATON ROAD	BOCA RATON FL 33432

REINSTATEMENT

2003

12. I certify that I am managing member/manager for 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)