

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000026070

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03-DEC-05 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026070

1. Limited Liability Company's Name

311 Meridian & 3rd St., LLC

2. Principal Office Address

730 Third Street

Suite, Apt. #, etc.

Suite 103

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

730 Third Street

Suite, Apt. #, etc.

Suite 103

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/03/02

6. FEI Number

27-0038790

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

Devine Goodman Pallot & Wells, P.A.

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

777 Brickell Avenue

Suite, Apt. #, Etc.

Suite 850

City

Miami

State

FL

Zip Code

33131

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

By: *Robert Devine*
President

Date 11/26/03

REGISTERED AGENT MUST SIGN

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
MEM	Joseph R. DiCosola	2625 North Ashland, 4B	Chicago, IL 60614

REINSTATEMENT 2003

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

Joseph R. DiCosola

Date 11-27-03

Daytime Phone# 773 599-2337

Typed or printed name of signing Managing Member/Manager Joseph R. DiCosola

CR2041 (10/02)