

L02000026070


PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03-DEC -5 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
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		3. Mailing Office Address 730 Third Street Suite, Apt. #, etc. Suite 103 City & State Miami Beach, FL Zip 33139	
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 <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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		800025430338 12/11/03--01065--006 **150 00	
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* Date 11/26/03
President
 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
MGRM	Joseph R. DiCosola	2625 North Ashland, 4B	Chicago, IL 60614

REINSTATEMENT 2003

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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

CR2E041 (10/02)