

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR -8 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO2000027101**

**1. Limited Liability Company's Name**

**North Bay Village Associates, LLC.**

**9/26/03**

**2. Principal Office Address**

**7950 NW 155 St.**

Suite, Apt. #, etc.

**#104**

City & State

**Miami Lakes, Florida**

Zip

**33016**

Country

**USA**

**3. Mailing Office Address**

**7950 NW 155 St.**

Suite, Apt. #, etc.

**#104**

City & State

**Miami Lakes Florida**

Zip

**33016**

Country

**USA**

**4. State/Country of Formation**

**Florida**

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

**10/14/02**

**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**

Name

**Oscar J. Delgado**

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

**6001 NW 153 Street, S**

Suite, Apt. #, Etc.

**Suite E**

City

**Miami Lakes**

State

**FL**

Zip Code

**33014**

**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

**3/5/04**

**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
Mgr.	Oscar J. Delgado	6001 NW 153 Street, Suite E	Miami Lakes, FL 33014

**REINSTATEMENT**

**2003-2004**

**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 **3/5/04**

Daytime Phone # **(305) 828-4070**

Typed or printed name of signing Managing Member/Manager

**Oscar J. Delgado**

CR2E041 (10/02)