

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 AM 9:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027219

1. Limited Liability Company's Name

725 NE 74th, LLC

500026044325
01/06/04--01005--006 **155.00

2. Principal Office Address

1460 S. Ocean Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1460 S. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Manalapan, FL

Zip

33462

Country

USA

City & State

Manalapan, FL

Zip

33462

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 10-15-2002

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

Name

Robert Lee Shapiro

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

2401 PGA Blvd.

Suite, Apt. #, Etc.

272

City

PAIm Beach Gardens

State

FL

Zip Code

33410

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 12-29-03

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	<u>Paul Roiff</u>	<u>1460 S. Ocean Blvd.</u>	<u>Manalapan, FL 33462</u>

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

Date 12-19-03 Daytime Phone # 561-281-5337

Typed or printed name of signing Managing Member/Manager

Paul Roiff

CR2E041 (10/02)