

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**


2010 JUN 11 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/10/10--01034--006 \*\*516.25

CR2E041 (05/10)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000027219

I. Limited Liability Company's Name

**725 NE 74TH, LLC**

2. Principal Office Address - No P.O. Box # 1180 s. ocean blvd		3. Mailing Office Address 1180 s. ocean blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State manalapan, fl		City & State manalapan, fl	
Zip 33462	Country usa	Zip 33462	Country usa

4. State/Country of Formation USA	
5. Date Organized or Qualified To Do Business in Florida 10/15/2002	
6. FEI Number 200742696	<input type="checkbox"/> 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 **PAUL ROIFF**

Street Address (P.O. Box Number is Not Acceptable)  
1180 S. OCEAN BLVD

Suite, Apt. #, Etc.

City MANALAPAN	State FL	Zip Code 33462
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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  Date **JUNE 8, 2010**

REGISTERED AGENT MUST SIGN

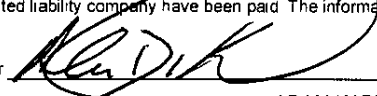
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ADAM KAPLAN	1109 LAVENDER CIRCLE	WESTON, FL 33327
MEM	PAUL ROIFF	1180 S OCEAN BLVD	MANALAPAN, FL 33432

**REINSTATEMENT** 08/10/10

11. E-mail Address: HOWELLANDKAPLAN@YAHOO.COM  
(To be used for future annual report notifications)

12. 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 **6/8/2010** Daytime Phone # **954.551.3680**

Typed or printed name of signing Managing Member/Manager **ADAM KAPLAN**