

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 JUN 11 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027219

1. Limited Liability Company's Name

**725 NE 74TH, LLC**

100181958581  
06/10/10--01034--006 \*\*516.25

CR2E041 (05/10)

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

|  |   |
|--|---|
| 4. State/Country of Formation<br>USA   |   |
| 5. Date Organized or Qualified To Do Business in Florida<br>10/15/2002   |   |
| 6. FEI Number<br>200742696   | <input type="checkbox"/> Applied For<br><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<br>PAUL ROIFF   |  |             |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>1180 S. OCEAN BLVD |  |             |                   |
| Suite, Apt. #, Etc.  |  |             |                   |
| City<br>MANALAPAN  |  | State<br>FL | Zip Code<br>33462 |

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 JUNE 8, 2010

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