

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 JUL 23 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

7/23

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # <u>002000028906</u>																															
1. Limited Liability Company's Name 6601 BREVITY LANE, LLC																															
2. Principal Office Address 5500 Collins Avenue Suite, Apt. #, etc. Towers I and II City & State Miami Beach, Florida Zip 33140 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country																													
4. State/Country of Formation USA		5. Date Organized or Qualified To Do Business in Florida																													
6. FEI Number 90-0181778		Applied For Not Applicable																													
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent Name RONALD T. TRAUB Street Address (P.O. Box Number is Not Acceptable) 5500 Collins Avenue Suite, Apt. #, Etc. Towers I and II City Miami Beach State FL Zip Code 33140																															
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 <u>[Signature]</u> Date <u>7/17/04</u> Ronald T. Traub REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MNGR</td><td>RONALD T. TRAUB</td><td>5500 Collins Avenue Towers I and II</td><td>Miami Beach, FL, 33140</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MNGR	RONALD T. TRAUB	5500 Collins Avenue Towers I and II	Miami Beach, FL, 33140																				
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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 <u>[Signature]</u> Date <u>7/17/04</u> Daytime Phone # <u>305 865 0534</u> Ronald T. Traub Typed or printed name of signing Managing Member/Manager																															

CR2E041 (10/02)

REINSTATEMENT 2003-2004