

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000030870

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000030870

1. Limited Liability Company's Name

5153 Fisher Island, LLC

2. Principal Office Address

500 South Pointe Drive

Suite, Apt. #, etc.

230

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. Mailing Office Address

500 South Pointe Drive

Suite, Apt. #, etc.

230

City & State

Miami Beach, Florida

Zip

33139

Country

USA

4. State/Country of Formation

Florida/ Dade County

5. Date Organized or Qualified
To Do Business in Florida

11/18/2002

6. FEI Number

03-0549739

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

Jay Phillip Parker, Esquire

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

500 South Pointe Drive

Suite, Apt. #, Etc.

Suite 230

City

Miami Beach,

State
FL

Zip Code
33139

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

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
MGRM	Krieger Enterprises, Inc.	100 South Pointe Drive, Suite 3102	Miami Beach, Florida 33139
MGRM	South Beach Estates, Inc.	500 South Pointe Drive, Suite 230	Miami Beach, Florida 33139

REINSTATEMENT

2003-2004

BK

800042800148

11/16/04--01075--005 **100.00

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

11/4/04

Daytime Phone #

305 695 1750

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

Bratter

Kleiman

LLC

ATTORNEYS AT LAW

www.bklawgroup.com

LU2000030870

Florida Secretary of State
Hand Delivered

Re: Administrative Dissolution of 5153 Fisher Island, LLC

To Whom It May Concern:

Enclosed herewith please find a completed Limited Liability Company Reinstatement Form. As your may note, the address filed for the above Limited Liability Company was 200 South Biscayne Boulevard, Suite 2500 Miami, Florida 33131. As was recently discovered in the member's efforts to utilize the LLC, the LLC was Administratively Dissolved. It is clear that the reason for the dissolution was the fact that any notice was sent to the above address and not the actual address. Accordingly, we've never received any notice of the Annual Reports.

We respectfully request that that State waive any penalties, and allow the LLC to be reinstated at this point. Should you require anything further, please contact me at the number herein.

Sincerely,


Jay Phillip Parker, Esq.
For the Firm



FILED
04 NOV 10 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA