

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -1 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # **L02000031518**

1. Limited Liability Company's Name

Latitude 24, L.L.C.

2. Principal Office Address

5901 Maggiore St

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

5901 Maggiore St

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

11/25/02

6. FEI Number

48-1286596

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

Mark E. Marandino

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

5901 Maggiore St

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

000081435130

11/01/06--01045--014 **200.00

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

[Signature]

Date **10/13/06**

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
MEM	Mark E. Marandino	5901 Maggiore St	Coral Gables FL 33146
MEM	David E. Silverberg, Jr.	12900 150th Ct North	Jupiter, FL 33478

REINSTATEMENT 05-06

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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

[Signature]

Date **10/13/06** Daytime Phone # **(305)668-2375**

Typed or printed name of signing Managing Member/Manager

Mark Marandino