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09 JUN 30 PM 2:55
SECRETARY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/22/09--01046--014 **873.50

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000034347

1. Limited Liability Company's Name

: M.F. SOUTHBEACH 413 LLC

2. Principal Office Address - No P.O. Box # 390 park avenue		3. Mailing Office Address 390 park avenue	
Suite, Apt. #, etc. 3rd floor		Suite, Apt. #, etc. 3rd floor	
City & State ny,ny		City & State ny,ny	
Zip 10022	Country usa	Zip 10022	Country usa

4. State/Country of Formation florida	
5. Date Organized or Qualified To Do Business in Florida 2003	
6. FEI Number 42-1569985	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 dady, robert e esq.			
Street Address (P.O. Box Number Is Not Acceptable) 201 alhambra circle			
Suite, Apt. #, Etc. 601			
City coral gables		State FL	Zip Code 33134

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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]

REGISTERED AGENT MUST SIGN

Date 6/9/2009

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	michael fuchs	390 park avenue	ny ny 10022
			JB
		REINSTATEMENT 2004-09	

REINSTATEMENT 2004-09

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 6/9/2009

Daytime Phone# 212-308-1000

Typed or printed name of signing Managing Member/Manager michael fuchs