


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 DEC 30 AM 9:39

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L03000000625

1. Limited Liability Company's Name
MEL BEACH PROPERTIES, LLC

2. Principal Office Address <u>14211 COMMERCE WAY</u>		3. Mailing Office Address <u>14211 COMMERCE WAY</u>	
Suite, Apt. #, etc. <u>Suite # 300</u>		Suite, Apt. #, etc. <u>Suite # 300</u>	
City & State <u>Miami Lakes, FL</u>		City & State <u>Miami Lakes, FL</u>	
Zip <u>33016</u>	Country <u>U.S.A.</u>	Zip <u>33016</u>	Country <u>U.S.A.</u>

700062513847
 12/30/05--01054--018 **150.00
 CR2E041 (8/05)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
1/7/03

6. FEI Number
710930730

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
DANIEL MARZANO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
3301 NE 32ND AVE., #502

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State
FL

Zip Code
33308

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 12/29/05

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
MGRM	DANIEL MARZANO	3301 NE 32 ND AVE, #502	Ft. Lauderdale, FL 33308
MGRM	PETER MARZANO	442 RIVERVIEW LANE	Melbourne Bch, FL 32951
MGRM	THOMAS F. COYLE, JR.	2255 Lob Lolly Ln	Deerfield Beach, FL 33442
MGRM	RICARDO GOTAY	400 ATLANTIC AVE	Melbourne Beach, FL 32951

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 12/29/05 Daytime Phone # 954-914-8752

Typed or printed name of signing Managing Member/Manager THOMAS F. COYLE, JR.

REINSTATEMENT 2005