

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 16 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03 000001545

1. Limited Liability Company's Name

Kluger, Peretz, Kaplan & Berlin, PL

200197754912
03/14/11--01064--004 **377.50

CR2E041 (1/11)

10-11

2. Principal Office Address - No P.O. Box #
201 S. Biscayne Blvd., 17 Floor

3. Mailing Office Address
201 S. Biscayne Blvd., 17 Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip Country
33131 USA

Zip Country
33131 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **01/14/2003**

6. FEI Number **01-0762467** 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 **Richard A. Berkowitz**

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd., Sixth Floor

Suite, Apt. #, Etc.

City State Zip Code
Miami FL 33131

E-mail Address:

berkowitz@bdpb.com

(To be used for future annual report notices)

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

Date **3/7/11**

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
Mgr	Kluger, Alan J.	201 S. Biscayne Blvd., 17 Floor	Miami FL 33131
Mgr	Berlin, Howard J.	201 S. Biscayne Blvd., 17 Floor	Miami FL 33131
Mgr	Kaplan, Abbey L.	201 S. Biscayne Blvd., 17 Floor	Miami FL 33131
Mgr	Peretz, Steven I.	201 S. Biscayne Blvd., 17 Floor	Miami FL 33131
Mgr	Silverman, Steven I.	201 S. Biscayne Blvd., 17 Floor	Miami FL 33131

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **3/7/11** Daytime Phone #

Typed or printed name of signing Managing Member/Manager **RICHARD A. BERKOWITZ, DIR. BUSINESS & LEGAL AFFAIRS**