

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000008956

FILED
Oct 20, 2009
Secretary of State

Entity Name: CORAL WAY DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

1757 CORAL WAY
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

PO BOX 144132
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 05-0559147 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI (GLT)
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LAW OFFICES OF RONALD T. BEVANS, P.A.
1221 BRICKELL AVENUE
SUITE 2660
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RONALD T. BEVANS

10/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KLASKIN, STUART
Address: PO BOX 144132
City-St-Zip: CORAL GABLES, FL 33114

Title: MGR () Delete
Name: PRESS, JACK A
Address: PO BOX 144132
City-St-Zip: CORAL GABLES, FL 33114

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STUART A. KLASKIN

MGR

10/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date