

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAY 24 PM 2:59

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L 03 000011845

1. Limited Liability Company's Name

2070 PROPERTY HOLDINGS, L.L.C.

2. Principal Office Address

20383 N.E. 2<sup>nd</sup> Ave.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip 33179

Country U.S.A.

3. Mailing Office Address

P.O. BOX 2972

Suite, Apt. #, etc.

City & State

HALLANDALE BEACH, FL

Zip 33008

Country U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

75-3110551

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

BRUCE SMOLER, ESQ.

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

2611 Hollywood Blvd.

Suite, Apt. #, Etc.

City

Hollywood, FL 33020

400035559234

05/06/04--01024--002 \*\*150.00

400035559234

05/24/04--01108--004 \*\*50.00

State FL

Zip Code

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

4/29/04

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	E. ADERSTEIN	20383 N.E. 2 <sup>nd</sup> Ave.	MIAMI, 33179

**REINSTATEMENT**

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

4/29/04

Daytime Phone #

(775) 890-1857

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)