

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05

FILED

2007 MAR 26 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** LO3000013551

**1. Limited Liability Company's Name**  
**1040 NORMANDY, LC**

<b>2. Principal Office Address - No P.O. Box #</b> 6001 NW 153 TH ST		<b>3. Mailing Office Address</b> same	
Suite, Apt. #, etc. suite #110		Suite, Apt. #, etc.	
City & State Miami Lakes, FL		City & State	
Zip 33014	Country Dade	Zip	Country

**4. State/Country of Formation**  
FL/MIAMI-DADE

**5. Date Organized or Qualified To Do Business in Florida** 04/15/03

**6. FEI Number** 010644952

Applied For	Not Applicable
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**7. CERTIFICATE OF STATUS DESIRED**  \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
**SALVER, ISAAC**

Street Address (P.O. Box Number is Not Acceptable)  
**1111 KANE CONCOURSE**


Suite, Apt. #, Etc.  
**SUITE 211**

City  
**BAY HARBOR ISLANDS**

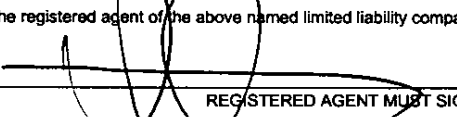
State  
**FL**

Zip Code  
**33154**

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  Date 3-20-07

REGISTERED AGENT MUST SIGN

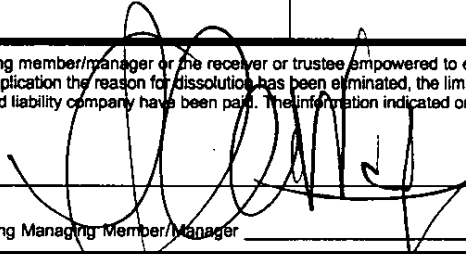
**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ALAN WASERSTEIN	6001 NW 153 TH ST SUITE #110	Miami Lakes/ FL/33014

200095253932  
03/29/07--01057--023 \*\*250.00

REINSTATEMENT 05-07

**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 3/20/07 Daytime Phone # 305-827-8323

Typed or printed name of signing Managing Member/Manager