

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 SEP 30 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L03000015653**

1. Limited Liability Company's Name

**Miami New Bay LLC**

900186092239  
09/30/10--01035--004 \*\*238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <b>390 Park Avenue</b>		3. Mailing Office Address <b>same</b>	
Suite, Apt. #, etc. <b>Third Floor</b>		Suite, Apt. #, etc.	
City & State <b>New York, NY</b>		City & State	
Zip <b>10022</b>	Country	Zip	Country

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>May 1, 2003</b>	
6. FEI Number <b>26-0438523</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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

Name <b>CT Corporation System</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>	
Suite, Apt. #, Etc.	
City <b>Plantation</b>	State Zip Code <b>FL 33324</b>

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

REGISTERED AGENT MUST SIGN

Date **9/29/10**

**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	Michael Fuchs	390 Park Avenue, Third Floor	New York, NY 10022
AMGR	Alan Handelman	390 Park Avenue, Third Floor	New York, NY 11022
AMGR	Robert E. Dady	201 Alhambra Circle, #601	Coral Gables, FL 33134

**REINSTATEMENT 2010**

JB

11. E-mail Address: **ahandelmand@rholding.com**

(To be used for future annual report notifications)

12. 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 **9/29/10**

Daytime Phone # **212 308 5091**

Typed or printed name of signing Managing Member/Manager