

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

07 MAY 23 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

10880 Biscayne, LLC

2. Principal Office Address - No P.O. Box #
10880 Biscayne Blvd.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33161

Country
USA

3. Mailing Office Address
609 Riviera Isle Drive

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

Zip
33301

Country
USA

4 State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 07/09/2003

6. FEI Number
90-0148678

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 **Seth A. Joseph**

Street Address (P.O. Box Number is Not Acceptable)
609 Riviera Isle Drive

Suite, Apt. #, Etc.

City
Ft. Lauderdale

State FL	Zip Code 33301
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☒ 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 **5/15/07**

~~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 Phillips	10880 Biscayne Blvd	Miami, FL 33161
MGRM	Seth A. Joseph	609 Riviera Isle Drive	Ft. Lauderdale, FL 33301
			<div data-bbox="974 1579 1408 1621"> 700103603977 05/31/07--01019--012 **200.00 </div>
			<div data-bbox="849 1705 1338 1747"> REINSTATEMENT </div>
			<div data-bbox="1086 1759 1253 1801"> 04-07 </div>

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 5/15/07

Daytime Phone # **954-599-5006**

Typed or printed name of signing Managing Member/Manager Seth A. Joseph