




# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -2 AM 8:28

<b>DOCUMENT # L03000027898</b> 1. Entity Name <b>NORTHEAST 40TH, LLC</b>					
Principal Place of Business <b>208 EAST OCEAN AVENUE LANTANA, FL 33462 US</b>			Mailing Address <b>208 EAST OCEAN AVENUE LANTANA, FL 33462 US</b>		
2. Principal Place of Business <b>40 NE 40 ST</b>		3. Mailing Address <b>40 NE 40 ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>11-3701121</b>	
Zip <b>33137</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: center; font-size: 2em; opacity: 0.5;">REINSTATEMENT 04-05</div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$200.00</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
[Empty Row]			PRESIDENT <b>ARIEL D. SANS 12 LITTLE POND POINT MANALAPAN, FL 33662</b>		
[Empty Row]			VICE PRESIDENT <b>ALEJANDRO D. SANS 1523 CONSOLATA AVE CORAL GABLES FL 33146</b>		
[Empty Row]			SECRETARY <b>VINCENT C. MOTZEL 12 LITTLE POND POINT MANALAPAN, FL 33462</b>		
[Empty Row]			500055667945 06/02/05--01059--001 ***205.00		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  <b>ALEJANDRO D. SANS</b> <span style="float: right;">6/1/05 305-573-0554</span> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					