

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 MAY 10 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03060031972

1. Limited Liability Company's Name

Miami Developers group, LLC

500207272235
05/06/11-01002-023-***555.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

1001 N. Federal Hwy

Suite, Apt. #, etc.

#315

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Office Address

1001 N. Federal Hwy

Suite, Apt. #, etc.

#315

City & State

Hallandale, FL

Zip

33009

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

8/26/03

6. FEI Number

03-0527056

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 Florida Developer group, LLC

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

1001 N Federal Hwy

Suite, Apt. #, Etc.

#315

City

Hallandale

State

FL

Zip Code

33009

E-mail Address:

thevillageatmelbourne@gmail
(To be used for future annual report notices)

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

5/3/11

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
Mng.	Florida Developer Group LLC	1001 N. Fed Hwy #315	Hallandale, FL 33009
		J. SAULSBERRY EXAMINER	
		MAY 11 2011	
			REINSTATEMENT 2008-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

5/3/11

Daytime Phone #

321 984 9033

Typed or printed name of signing Managing Member/Manager

Amram Adas