

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 NOV 19 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000038200

1. Limited Liability Company's Name

220 Property Holdings, L.L.C.

2. Principal Office Address

1720 HARRISON ST.

Suite, Apt. #, etc.

Ste. 1725

City & State

HOLLYWOOD, FL

Zip

33020

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 2972

Suite, Apt. #, etc.

City & State

HALLANDACE BEACH, FL

Zip

33008

Country

U.S.A.

4. State/Country of Formation

U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

10/7/03

6. FEI Number

14-1897551

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

Bruce Smoler, Esq.

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

2611 Hollywood Blvd.

Suite, Apt. #, Etc.

City

Hollywood, FL 33020

State
FL

Zip Code

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

Bruce Smoler

Date

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
(P)	FELICE ADELSTEIN	1720 HARRISON ST., Ste. 1725 HOLLYWOOD, FL 33020	
			300042900753 11/19/04--01048--009 **150.00

REINSTATEMENT 04

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

Felice Adelstein

Date

Daytime Phone #

(725) 890-1857

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)