

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000045271

1. Limited Liability Company's Name

3805 NW 132nd Street, LLC

2. Principal Office Address - No P.O. Box #
1332 Ocean Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach

City & State

Zip
33139

Country
US

Zip

Country

8. Name and Address of Current Registered Agent

Name
Craig M. Dorne, PA

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

Suite, Apt. #, Etc.
Penthouse Southeast

City
Miami Beach

State FL Zip Code 33139

FILED
07 MAY 11 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 11/18/2003

6. FEI Number
26-0151157

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

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

REGISTERED AGENT MUST SIGN

Date 5/11/07

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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	Arsen Kazumyan	1332 Ocean Drive	Miami Beach, FL 33139
<p>REINSTATEMENT 2004-2007</p> <p>700102542857 05/18/07--01007--017 **200.00</p>			

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 608.408, 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 5/11/07

Daytime Phone # 517/402-5584

Typed or printed name of signing Managing Member/Manager Arsen Kazumyan