L03000047661

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV -6 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/06)

DOCUMENT #

1. Limited Liability Company's Name
1409 D, LLC

04

2. Principal Office Address	3. Mailing Office Address
17701 Biscayne Blvd	17701 Biscayne Blvd
Suite 201	Suite 201
Aventura, Florida	Aventura, Florida
33160 USA	33160 USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 11/24/03
6. FEI Number: [X] Applied For [ ] Not Applicable
7. CERTIFICATE OF STATUS DESIRED [X]

8. Name and Address of Current Registered Agent

Name: Joshua Dubin, P.A.
Street Address (P.O. Box Number is Not Acceptable): 17701 Biscayne Boulevard
Suite, Apt. #, Etc.: Suite 201
City: Aventura, Florida
State: FL
Zip Code: 33160

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 11/3/6
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mrs.	Clara Shvartser	16425 Collins Ave	Sunny Isle Fl, 33160
MGRM			

REINSTATEMENT 2004-2006

300091559253
11/09/06--01043--020 **35.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: Clara Shvartser Date: 11/3/06 Daytime Phone #: 718/763-0829

Typed or printed name of signing Managing Member/Manager: CLARA SHVARTSER