

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000053195

1. Entity Name
701A PORTO VITA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 18 AM 10:54

Principal Place of Business
1407 BROADWAY, 32ND FLOOR
NEW YORK, NY 10018

Mailing Address
1407 BROADWAY, 32ND FLOOR
NEW YORK, NY 10018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11022005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number
75-1688687

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRONGOLD, RANDI M ESQ
KRONGOLD & SINGER, P.L.
201 ALHAMBRA CIR, STE. 804
CORAL GABLES, FL 33134

1441 Brickell Avenue
Suite 1430
Miami, FL 33131

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/15/05

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADJMI, ALEX
1407 BROADWAY, 32ND FLOOR
NEW YORK, NY 10018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200061554182
11/18/05--01059--003 **50.00 ☐ Change ☐ Addition

TITLE
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TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/2/05 212-398-3970

Date

Daytime Phone #