
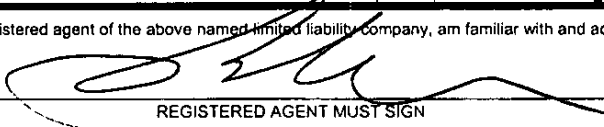
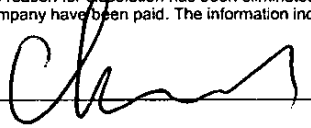


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>203-53702</u>			
<b>1. Limited Liability Company's Name</b>  1602 Lee, LLC <div style="text-align: right;">9/16/05 ✓</div>			
<b>2. Principal Office Address - No P.O. Box #</b> 1602 Lee Street  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 2101 West Commercial Boulevard  Suite, Apt. #, etc. Suite 2800	
City & State Hollywood, FL		City & State Fort Lauderdale, FL	
Zip 33020	Country US	Zip 33309	Country US
<b>4. State/Country of Formation</b> Florida		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/17/2003	
<b>6. FEI Number</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b> Name Robert S. Forman, Esquire Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Boulevard Suite, Apt. #, Etc. Suite 2800 City Fort Lauderdale, FL 33303 State FL Zip Code 33309			
<input type="checkbox"/> 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.			
<b>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.</b> Signature of Registered Agent  Date <u>12/10/08</u> REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Cherif Y. Bebawi	P.O. Box 30358	Fort Lauderdale, FL 33303
<b>REINSTATEMENT 2005 - 2008</b> <u>up 12/17/08</u>			
<b>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.</b>			
Signature of Managing Member/Manager 		Date <u>12/10/08</u>	Daytime Phone # <u>9546002373</u>
Typed or printed name of signing Managing Member/Manager		<u>CHERIF BEBAWI</u>	