

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000001560

1. Limited Liability Company's Name

50 Isle Venice, LLC

06

2. Principal Office Address - No P.O. Box #

74 Fiesta Way

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip
33301

Country
USA

3. Mailing Office Address

74 Fiesta Way

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip
33301

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12/31/03

6. FEI Number

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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

☒ 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

Tanya Dietrich

REGISTERED AGENT MUST SIGN

Tanya Dietrich, Asst. Secy.

Date

7/20/09

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	John A. Brown	74 Fiesta Way	Ft. Lauderdale, FL 33301

REINSTATEMENT 2006-2009

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

John A. Brown

Date

7/20/09

Daytime Phone #

773-230-9852

Typed or printed name of signing Managing Member/Manager John A. Brown

FILED

09 JUL 21 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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