

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Nov 05, 2007 8:00 A.M.
Secretary of State

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LD4000006717**

1. Limited Liability Company's Name

BLUTH PLAZA, L.L.C.

LL/HA/SSE/FL/0000

200112047482
11/06/07--01052--009 **100.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
20401 N.W. 2 Ave

3. Mailing Office Address
339 Livingston Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Cedarhurst, NY

Zip
33179

Country

Zip
11516

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **01/26/2004**

6. FEI Number
01-0805253

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
Brian L. Fink, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Rd

Suite, Apt. #, Etc.
Suite 1109

City
Coral Gables

State
FL

Zip Code
33134

☒ 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

B. Fink

Date

10/30/07

REGISTERED AGENT MUST SIGN

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	Michael Bluth	339 Livingston Place	Cedarhurst/NY/11516 LS

REINSTATEMENT *2006-2007*

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

Michael Bluth

Date

11/1/07

Daytime Phone #

917 309-5811

Typed or printed name of signing Managing Member/Manager

MICHAEL BLUTH