


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
2005 DEC 28 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000008051</b> 1. Entity Name 5222 DEVELOPMENT, LLC	
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Principal Place of Business 999 WASHINGTON AVENUE MIAMI BEACH, FL 33139	Mailing Address 999 WASHINGTON AVENUE MIAMI BEACH, FL 33139
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2. Principal Place of Business 2930 Biscayne Blvd. Suite, Apt. #, etc.	3. Mailing Address 2930 Biscayne Blvd. Suite, Apt. #, etc.
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12222005 REIN-LLC CR2E101 (6/04)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 34-1976381	Applied For Not Applicable
Zip 33137	Country	Zip 33137	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE, FL 33311-4132

**7. Name and Address of New Registered Agent**

Name: Ms. Irma Vasquez  
 Street Address (P.O. Box Number is Not Acceptable):  
 2930 Biscayne Blvd.  
 City: Miami FL Zip Code: 33137

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: *Russell W. Galbut* (NOTE: Registered Agent Signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
 After January 1, 2006, Fee will be \$200.00

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME: MGRM STREET ADDRESS: GALBUT, RUSSELL W CITY-ST-ZIP: 999 WASHINGTON AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME: MGRM STREET ADDRESS: Galbut, Russell W. CITY-ST-ZIP: 2930 Biscayne Blvd, Miami, FL 33137
TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2005

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 authorized to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE: *Russell W. Galbut* **Russell W. Galbut, MGRM** Date: 12/23/05  
SIGNATURE AND TITLE OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #