


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 NOV 13 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/05/09--01036--002 **138.75

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000011171

1. Limited Liability Company's Name

5001 HOLLYWOOD, LLC

2. Principal Office Address - No P.O. Box # 717 Ponce de Leon Blvd.		3. Mailing Office Address 717 Ponce de Leon Blvd.	
Suite, Apt. #, etc. Suite 223		Suite, Apt. #, etc. Suite 223	
City & State Coral Gables, Fl.		City & State Coral Gables, Fl.	
Zip 33134	Country USA	Zip 33134	Country USA

4. State/Country of Formation Florida/Miam-Dade	
5. Date Organized or Qualified To Do Business in Florida 02/11/04	
6. FEI Number 57-1200889	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Ainslee R. Ferdie			
Street Address (P.O. Box Number is Not Acceptable) 717 Ponce de Leon Blvd.,			
Suite, Apt. #, Etc. Suite 223			
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

Ainslee R. Ferdie

REGISTERED AGENT MUST SIGN

Date November 2, 2009

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	Ainslee R. Ferdie	717 Ponce de Leon Blvd. Suite 223	Coral Gables, Fl. 33134
REINSTATEMENT			
09 AB			

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

Ainslee R. Ferdie

Date 11/02/09 Daytime Phone # (305) 445-3557

Typed or printed name of signing Managing Member/Manager

Ainslee R. Ferdie