L04000013396

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 NOV -8 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200112076142

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000013396

1. Limited Liability Company's Name

ONE BAL HARBOUR 14D, L.L.C.

BK

05

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
317 71st Street	317 71st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State: Miami Beach, Florida
Zip: 33141 Country: US	Zip: 33141 Country: US

4. State/Country of Formation: FLORIDA/US

5. Date Organized or Qualified To Do Business in Florida: 02/18/04

6. FEI Number: 20-0742883 ☐ 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: DONALD J. KAHN

Street Address (P.O. Box Number Is Not Acceptable): 317 71st Street

Suite, Apt. #, Etc.:

City: Miami Beach State: FL Zip Code: 33141

☐ 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 _____ Date 11/8/07

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	VALERY GUREVICH	85 - 16 Park Lane South #5C	Woodheaven, NY 11421

REINSTATEMENT 2005-2007

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 _____ Date 11/8/07 Daytime Phone # 305-865-4311

Typed or printed name of signing Managing Member/Manager Valery Gurevich

CORPORATION SERVICE COMPANY

L04000013396

ACCOUNT NO. : 072100000032

REFERENCE : 310831 6594A

AUTHORIZATION :

COST LIMIT : $ 250.00

ORDER DATE : November 8, 2007

ORDER TIME : 3:22 PM

ORDER NO. : 310831-005

CUSTOMER NO: 6594A

DOMESTIC FILINGS

RECEIVED
07 NOV -8 PM 4:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: ONE BAL HARBOUR 14D, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____

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