

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:06

DOCUMENT # L04000017511

1. Limited Liability Company's Name

2804 La Perla, LLC

200080313512  
09/29/06--01069--012 \*\*200.00

CR2E041 (8/05)

2. Principal Office Address

2049 S. Ocean drive

Suite, Apt. #, etc.

806E

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Office Address

225 West End Ave

Suite, Apt. #, etc.

City & State

Brooklyn, NY

Zip

11235

Country

USA

4. State/Country of Formation

Florida / Broward

5. Date Organized or Qualified  
To Do Business in Florida

03/04/2004

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

Igor Slavinsky

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

2049 S. Ocean Drive

Suite, Apt. #, Etc.

806E

City

Hallandale

State

FL

Zip Code

33009

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

*Igor Slavinsky*

REGISTERED AGENT MUST SIGN

Date 09/19/2006

**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
MGR	Igor Slavinsky	2049 S. Ocean Drive #806E	Hallandale FL 33009

REINSTATEMENT 05-06

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

*Igor Slavinsky*

Date 09/19/2006

Daytime Phone # 646-642-9302

Typed or printed name of signing Managing Member/Manager Igor Slavinsky