

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 17 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000036462**

1. Limited Liability Company's Name

25 Jordan LLC

300180494913
05/06/10--01018--013 ***693.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

470 COSTANERA RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33143

Country

USA

Zip

Country

4. State/Country of Formation

DADE

5. Date Organized or Qualified
To Do Business in Florida

5/13/04

6. FEI Number

20-1257152

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

EDWARD HENKIN

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

470 COSTANERA RD

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33143

☐ 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

Edward Henkin

Date **5/3/10**

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
MGR	EDWARD HENKIN	470 COSTANERA RD CO	CORAL GABLES FL 33143

REINSTATEMENT 06/10 AL

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Edward Henkin

Date **5/3/10**

Daytime Phone #

305-496-8803

Typed or printed name of signing Managing Member/Manager

EDWARD HENKIN