

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 OCT 11 AM 10:03

DOCUMENT # **LD4000045353**

1. Limited Liability Company's Name

484 Holiday Drive, LLC

000080737690
10/11/06--01070--014 **250.00

CR2E041 (8/05)

2. Principal Office Address

484 Holiday Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

484 Holiday Dr.

Suite, Apt. #, etc.

City & State

Hallandale, FL.

Zip

33309

Country

USA

City & State

Hallandale, FL.

Zip

33309

Country

USA.

4. State/Country of Formation

FLORIDA, USA.

5. Date Organized or Qualified
To Do Business in Florida

June 16, 2004

6. FEI Number

010816605

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

Yury Gnesin

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

484 Holiday Drive

Suite, Apt. #, Etc.

City

Hallandale,

State

FL

Zip Code

33309.

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

[Signature]

Date **Oct 03, 2006**

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	Yury Gnesin	484 Holiday Dr.	Hallandale, FL, 33309

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

[Signature]

Date **Oct 03, 2006**

Daytime Phone #

917-370-3030

Typed or printed name of signing Managing Member/Manager

YURY GNESIN