

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 OCT 14 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000045400

1. Limited Liability Company's Name

MIDWEST 8 MIAMI 900 BISCAYNE LLC

CR2E041 (10/08)

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

900 BISCAYNE BLVD

Suite, Apt. #, etc.

1401

City & State

MIAMI, FL

Zip

33132

Country

U.S.A.

3. Mailing Office Address

c/o MAZETIC PROPERTIES

Suite, Apt. #, etc.

1682 JEFFERSON AVE

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A.

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

6/16/2004

6. FEI Number

203418758

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

Casey Karl Koslowski

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

900 BISCAYNE BLVD

Suite, Apt. #, Etc.

#1401

City

Miami

State

FL

Zip Code

33132

☐ 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

[Signature]

Date **10.8.9**

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	Casey Karl Koslowski	900 BISCAYNE BLVD 1401	MIAMI, FL 33132

REINSTATEMENT-06-09

600161664016
10/13/09 0106T-010 **\$55.00

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 **10.8.9**

Daytime Phone # **(305) 302-0988**

Typed or printed name of signing Managing Member/Manager **Casey Karl Koslowski**

C.K.