

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG -8 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000054261

1. Limited Liability Company's Name

Duplex TA2, LLC

500108389805
08/21/07--01058--007 **500.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
5151 Collins Avenue

3. Mailing Office Address
5151 Collins Avenue

Suite, Apt. #, etc.
Suite 1424

Suite, Apt. #, etc.
Suite 1424

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33140

Country
USA

Zip
33140

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **07/21/2004**

6. FEI Number
87-0730330

☒ 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
Rodney Hakimian

Street Address (P.O. Box Number is Not Acceptable)
5151 Collins Avenue

Suite, Apt. # Etc.
Suite 1424

City
Miami Beach

State
FL

Zip Code
33140

☐ 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 **July 27**, 2007

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	Rodney Hakimian	5151 Collins Avenue, Suite 1424	Miami Beach, FL 33140

REINSTATEMENT 2025-07

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

7/27/07

Daytime Phone #

516-770-5111

Typed or printed name of signing Managing Member/Manager

Rodney Hakimian, Managing Member