

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000071594

1. Limited Liability Company's Name

1901, LLC

CR2E041 (1/07)

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

1901 NW 7 Street

Suite, Apt. #, etc.

3. Mailing Office Address

c/o Jeffrey Shapiro 1 Southeast Third Avenue

Suite, Apt. #, etc.

Suite 1450

City & State

Miami, Florida

City & State

Miami, Florida

Zip
33125

Country
US

Zip
33131

Country
US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/01/2004

6. FEI Number

13-4358256

☒ 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
Jeffrey Shapiro

Street Address (P.O. Box Number is Not Acceptable)
1 Southeast Third Avenue

Suite, Apt. #, Etc.
Suite 1450

City
Miami

State
FL

Zip Code
33131

☐ 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

REGISTERED AGENT MUST SIGN

Date

4/16/07

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
Mgmr	Joe Cubas	1901 NW 7 Street	Miami, Florida 33125
			700101757937
			05/08/07--01006--006 **300.00

REINSTATEMENT

05-07

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/Managers

Date

4/12/07

Daytime Phone #

305 644-9304

Typed or printed name of signing Managing Member/Manager