

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

07 JAN 18 AM 9:37

DOCUMENT # **L04000 0816 18**

1. Limited Liability Company's Name

Riviera Property LLC
PROPERTY

2. Principal Office Address

595 S. Federal Highway

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#600

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Zip

33432

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/9/04

6. FEI Number

0207 33756

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

Andrew Fries

400086237424

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

595 S. Federal Highway #600

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

1/15/07

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
MEM	Andrew Fries	595 S. Federal Highway #60 Boca Raton	
MEM	Alan Nathan	"	Boca Raton FL 33432
MEM	John Center	131 West Ave Boca Raton FL 33432	

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

1/15/07

Daytime Phone #

561-362-3777

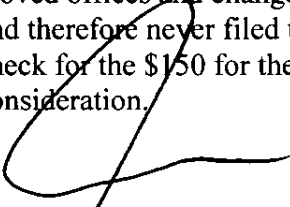
Typed or printed name of signing Managing Member/Manager

1/15/2007

Riviera Property LLC
595 S. Federal Highway #600
Boca Raton FL 33432

Dear sir/madam

I would like to petition the state to waive the reinstatement fee for this company. I moved offices and changed registered agents. I never received the annual report forms and therefore never filed them. I would like to reinstate this company and will enclose a check for the \$150 for the three years reports I missed. Thank you for your consideration.



Andrew Friis
MGM/Riviera Property LLC
561 362-3777