

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR -4 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000085235

1. Limited Liability Company's Name

120 Madiera Beach LLC
c/o HSK CPA PC
98 Cattermill Rd #297

700142410987
03/24/09--01030--027 **138.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Great Neck NY		City & State N	
Zip 11021	Country	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11-23-04	
6. FEI Number 20-1910934	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name La Mendola, Mark			
Street Address (P.O. Box Number is Not Acceptable) 6730 Bridlewood Court			
Suite, Apt. #, Etc.			
City Boca Raton FL	State FL	Zip Code 33432	

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: Mark La Mendola Date: 3/2/09
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
MSRM	Harlan Skohn CPA	98 Cattermill Rd	Great Neck NY 11021
MSRM	Tony Gilbrat, Esq	2801 Shadowridge Dr	Olney MD 20832

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REINSTATEMENT - 08-09

C.L.

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 608.408, 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: Mark La Mendola Date: 3/2/09 Daytime Phone #: 576 482 2150

Typed or printed name of signing Managing Member/Manager