

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000011758

1. Limited Liability Company's Name

GREEN ARBOR PEMBROKE PARK .LLC

2. Principal Office Address - No P.O. Box #
20900 NE 30 AVE

Suite, Apt. #, etc.
318

City & State
AVENTURA FLORIDA

Zip Country
33180 MIAMI DADE

3. Mailing Office Address
20900 NE 30 AVE

Suite, Apt. #, etc.
318

City & State
AVENTURA FLORIDA

Zip Country
33180 MIAMI DADE

4. State/Country of Formation
FLORIDA, MIAMI DADE

5. Date Organized or Qualified
To Do Business in Florida **02/02/2005**

6. FEI Number ☐ 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
ABRAHAM WEINTRAUB

Street Address (P.O. Box Number is Not Acceptable)
20900 NE 30 AVE

Suite, Apt. #, Etc.
318

City State Zip Code
AVENTURA FLORIDA FL 33180

☐ 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 **5/21/09**

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
MGR	WEINTRAUB ABRAHAM	20900 NE 30 AVE SUITE 318	AVENTURA FLORIDA 33180
MGR	DIROBERTO GIRARD	3080 B 35 ST	HOLLYWOOD FLORIDA 33021

REINSTATEMENT *06-09*

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

4/30/09

Daytime Phone #

305-957-9398

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2009

GREEN ARBOR PEMBROKE PARK LLC
20900 NE 30 AVE
318
AVENTURA, FL 33180

SUBJECT: GREEN ARBOR PEMBROKE PARK, LLC
Ref. Number: L05000011758

We have received your document for GREEN ARBOR PEMBROKE PARK, LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 909A00015330

