

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

08 JUL 16 PM 3:40

DOCUMENT # **L05000028458**

1. Limited Liability Company's Name

MONROE PROPERTY BUILDING 6 LLC

600133006806
07/16/08--01023--004 **143.75

CR2E041 (12/07)

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

1025 N.E. 4TH COURT

Suite, Apt. #, etc.

3. Mailing Office Address

1025 N.E. 4TH COURT

Suite, Apt. #, etc.

City & State

HALLANDALE, FLORIDA

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

USA

Zip

33009

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-2610180

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

EUGEN PIRVAN

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

1025 N.E. 4TH COURT

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

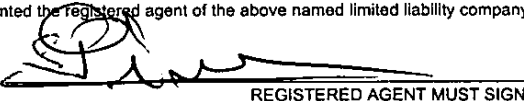
Zip Code

33009

☒ 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 **7-10-08**

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	JANE T MARIANA	1666 BUNTING LANE WESTON, FL, 33327	WESTON, FL, 33327
MGRM	JACOB RADU	1666 BUNTING LANE	WESTON, FL, 33327
MGRM	PIRVAN LACRAMIOARA	1025 N.E. 4TH COURT	HALLANDALE, FL, 33009
MGRM	PIRVAN EUGEN	1025 N.E. 4TH COURT	HALLANDALE, FL, 33009

REINSTATEMENT 7/16

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

7/10/08

Daytime Phone #

954-243-1329

Typed or printed name of signing Managing Member/Manager

PIRVAN LACRAMIOARA