

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 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000048775

1. Limited Liability Company's Name

4215 N. Federal Highway LLC

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

2740 E. Oakland Pl Blvd

Suite, Apt. #, etc.

300

City & State

Fort Lauderdale FL

Zip

33306

Country

USA

3. Mailing Office Address

2740 E. Oakland Pl Blvd

Suite, Apt. #, etc.

Ste 300

City & State

Fort Lauderdale

Zip

33306

Country

USA

4. State/Country of Formation

FL / US

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

5/17/05

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

Daniel Scaramellino

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

2740 E. Oakland Pl Blvd

Suite, Apt. #, Etc.

300

City

Fort Lauderdale

State

FL

Zip Code

33306

☐ 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

Daniel Scaramellino

Date 2/22/07

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
Mgrm	Capital Holding Group LLC	2740 E. Oakland Pl Blvd Ste 300	Fort Lauderdale FL 33306

900101797049

05/08/07--01017--007 **100.00

REINSTATEMENT 06-07

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/Manager

Daniel Scaramellino

Date 2/22/07

Daytime Phone # 954-722-2720

Typed or printed name of signing Managing Member/Manager

Daniel Scaramellino