

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUL 19 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

MANSIANA OCEAN RESIDENCES, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 400 BROOKST.		3. Mailing Office Address 400 BROOKST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW YORK, N.Y.		City & State NEW YORK, N.Y.	
Zip 10013	Country	Zip 10013	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 6/22/2005	
6. FEI Number 20-2971408	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 DANNY TARTLEFF, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 18901 NE 29TH AVENUE			
Suite, Apt. #, Etc. 100			
City AVENTURA	State FL	Zip Code 33180	

E-mail Address: 400237639604 07/19/12--01028--005 **238.75 dannytart@aol.com (To be used for future annual report notices)

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

Danny Tartleff
REGISTERED AGENT MUST SIGN

Date

7/18/12

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
MM	ALEX FORKOSHI	400 BROOKST.	NEW YORK NY 10913

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Alex Forkoshi

Date

7/17/2012

Daytime Phone #

212-219-3800

Typed or printed name of signing Managing Member/Manager