

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000055937**

**1. Limited Liability Company's Name**

Royal Breeze Apartments, LLC

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

600 Mamaroneck Avenue

Suite, Apt. #, etc.

City & State

Harrison, NY

Zip

10528

Country

USA

**3. Mailing Office Address**

600 Mamaroneck Avenue

Suite, Apt. #, etc.

City & State

Harrison, NY

Zip

10528

Country

USA

**4. State/Country of Formation**

Florida

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

5/6/2005

**6. FEI Number**

86-1140119

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

Robert Elias, Esq.

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

15500 New Barn Road

Suite, Apt. #, Etc.

Suite 104

City

Miami Lakes

State

FL

Zip Code

33014

☐ 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

Date

4-28-08

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Frederick K. Mehlman	600 Mamaroneck Avenue	Harrison, NY 10528

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05/01/08--01052--021 \*\*521.25

**REINSTATEMENT**

06-08

**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

4/22/08

Daytime Phone #

9148998000

Typed or printed name of signing Managing Member/Manager

Frederick K. Mehlman

**FILED**

2008 MAY 14 P 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)