

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 APR 30 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000059358**

1. Limited Liability Company's Name

14 AT 3 OT, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 411 Washington Avenue		3. Mailing Office Address 411 Washington Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33139	Country USA	Zip 33139	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 6/15/2005	
6. FEI Number 274576220	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 Michael Kadosh			
Street Address (P.O. Box Number is Not Acceptable) 411 Washington Avenue			
Suite, Apt. #, Etc.			
City Miami Beach	State FL	Zip Code 33139	

E-mail Address: 300226812223 03/30/12--01033--001 **1071.25 jacobi lawfirm@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 _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Michael Kadosh	411 Washington Avenue	Miami Beach Florida
MGRM	Marc Elalouf	4770 Biscayne Boulevard, Suite 1430	Miami, Florida 33137

REINSTATEMENT
2006-212

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 *[Signature]* Date **3/5/12** Daytime Phone # **305-722-8558**

Typed or printed name of signing Managing Member/Manager: **Michael Kadosh**

J. SAULSBERRY
EXAMINER

MAY 1 2012