

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR -7 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300148973803
04/07/09--01030--022 **277.50
CR2E041 (10/08)

DOCUMENT # L05000062398

1. Limited Liability Company's Name

3P 1985 SOUTH OCEAN DRIVE, LLC

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

4770 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 1430

City & State

MIAMI, FLORIDA

Zip

33137

Country

USA

3. Mailing Office Address

4770 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 1430

City & State

MIAMI, FLORIDA

Zip

33137

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6/21/05

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name SERFATY & GARCIA, P.A.

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

4770 BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

SUITE 1430

City

MIAMI

State

FL

Zip Code

33137

☒ 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

Charles S. Serfaty

REGISTERED AGENT MUST SIGN

Date

4/1/09

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
MGR	ALBERT MOSSERI	4770 BISCAYNE BLVD. SUITE 1430	MIAMI, FL 33137
MGR	SOLOMON MOSSERI	4770 BISCAYNE BLVD SUITE 1430	MIAMI, FL 33137

REINSTATEMENT

08-09

04-8-09

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

Albert Mosseri

Date

4/1/09

Daytime Phone #

305-722-8555

Typed or printed name of signing Managing Member/Manager

ALBERT MOSSERI