2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000068981 1. Entity Name MIDTOWN MID MIAMI, LLC					07 JUL 11	PM 12: 58 CF STATE FLORIDA		
Principal Plac	e of Business	Mailing Address			TAI LAHASS	E, FLORIDA		
10714 VERS WELLINGTON	SAILLES BLVD. 1 Fl 33467	10714 VERSAILLES BLVD WELLINGTON, FL 33467	l,		17 10-1			
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Principal Place of Business - No P.O. Box # 3. No		3. Mailing Address						
2640 Lakeshore Dr. Suite, Apt. #, etc.		2640 Lakeshore Dr. Suite Apt. #. etc.			. 40101 61111 6611 66111 66111	#### #### F### 1#### #### ## ###		
#408		#408		06182007	REIN-LLC	CR2E101 (1/07)		
City & State		City & State		4. FEI Numb	er	Applied For		
Riviera Beach, FL Zip 33404 Country USA		Riviera Beach, FL Zip 33404 Country USA		-		XXX Not Applicable \$5.00 Additional		
			USA		of Status Desired	Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Re	gistered Agent		
DILLMAN, JEANINE			Stront Adi	Dillman, Jeanine Street Address (P.O. Box Number is Not Acceptable)				
10714 VERSAILLES BLVD. WELLINGTON, FL 33467				Street Address (F.O. Box Nothiber is Not Acceptable)				
1	7011,12 00101		2640	Lakeshore I	r. #408			
/				Riviera Beac		FL Zip Code 33404		
	e named entity submits this statement to	r the purpose of changing its re	gistered of fibe or r	egistered agent, or bo	th, in the State of Flor	ida. I am familiar with, and accept		
the obligations of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and tipe if applicable. (NOTE: R	egistered Agent signatu	ure required when reinstating		DATE		
FILE	NOWIII FEE IS \$200.00					check payable to Department of State		
9.	MANAGING MEMBE		10.	MOD	ADDITIONS/0			
TITLE: NAME	MGR DILLMAN, JEANINE	☐ Delete	TITLE NAME	MGR Dillman, Je	anine	XXXChange		
STREET ADDRESS	10714 VÉRSAILLES BLVD.		STREET ADDRESS	2640 Lakesh		08		
CITY-\$1-ZIP	WELLINGTON, FL 33467		CITY-ST-ZIP		ich, FL 3340)4		
TITLE NAME	MGRM JACOBSON, LORRAINE	☐ Delote	TITLE NAME	MGRM		XXX Change		
STREET ADDRESS	48 SHORE DRIVE		STREET ADDRESS	Jacobson, I 45 Shore Dr				
CITY-ST-ZIP	COPIAGUE HARBOR, NY 1172		CITY-ST-ZIP	Copiague Ha		1726		
TITLE NAME	MGRM RENGIFO, HUGO	☐ Delete	TITLE NAME	MGRM		Change Addition		
STREET ADDRESS	48 SHORE DRIVE		STREET ADDRESS	Rengifo, Hu	-			
CITY+ST-ZIP	COPIAGUE HARBOR, NY 1172		CITY-ST-ZIP	43 Shore Dr Copiague Ha		726 50 5		
NAME		☐ Delete	TITLE NAME	copiague na	irdor, Ni I			
STREET ADDRESS			STREET ADDRESS		001069			
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	9671	<u> 2/0701045</u>			
*TITLE *NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS			α		
CITY-ST-ZIP			CITY-ST-ZIP			10 U		
TITLE NAME		☐ Delete	TITLE NAME TO TE	INSTA	TEME	Addition Addition		
STREET ADDRESS				TIAN III				
CITY-ST-ZIP			CITY-ST-ZIP			all a series of the series of		
\ 	and the second of the second o	11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accordate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
11. I hereby indicated fimited lia	certify that the information supplied with don this report is true and accordate and ability company or the receiver or truste	h this filing does not quality for the d that my signature shall have the e empowered to execute this rep	same legal effect fort as required by	t as if made under oat y Chapter 608, Florida	, Florida Statutes. I fui h; that 1 am a managi Statutes.	ther certify that the information ing member or manager of the		
indicated fimited lia	d on this report is true and accorate and ability company or the receiver or truste	h this filing does not qualify for the day of the thing of the day of the day of the empowered to execute this rep	same legal effectort as required by	t as if made under oat y Chapter 608, Florida	h; that I am a managi Statutes.	ther certify that the information ing member or manager of the		
11. I hereby indicated fimited lia	d on this report is true and accorate and ability company or the receiver or truste	that my signature shall have the empowered to execute this rep	same legal effectort as required by	t as if made under oat y Chapter 608, Florida	(c-(9-)7	Ther certify that the information ing member or manager of the		

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