

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


2007 NOV 14 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800112459278  
11/20/07--01031--003 \*\*50.00

CR2E041 (1/07)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L050000 80970**

1. Limited Liability Company's Name  
**19900 MACK DAIRY LLC**

2. Principal Office Address - No P.O. Box # <b>40 STAR ISLAND</b>		3. Mailing Office Address <b>40 STAR ISLAND</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI BEACH FL</b>		City & State <b>MIAMI BEACH FL</b>	
Zip <b>33169</b>	Country <b>USA</b>	Zip <b>33169</b>	Country <b>USA</b>

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  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  
**ENGIN K YESIL**

Street Address (P.O. Box Number is Not Acceptable)  
**40 STAR ISLAND**

Suite, Apt. #, Etc.

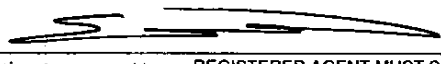
City  
**MIAMI BEACH**

State  
**FL**

Zip Code  
**33169**

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 **10/24/07**

REGISTERED AGENT MUST SIGN

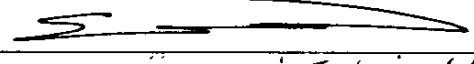
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>MGRY</b>	<b>ENGIN K YESIL</b>	<b>40 STAR ISLAND</b>	<b>MIAMI BEACH, FL 33169</b>
			<b>ST</b>

**REINSTATEMENT** *06-07*

300111398693  
10/28/07--01051--029 \*\*150.00

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 **10/24/07** Daytime Phone # **305-430-9113**

Typed or printed name of signing Managing Member/Manager **ENGIN YESIL**