

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.05000082343

1. Limited Liability Company's Name

Putnam 806, LLC

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

1391 Sawgrass Corporate Parkway

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33323

Country

US

3. Mailing Office Address

1391 Sawgrass Corporate Parkway

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33323

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified

To Do Business in Florida 08/19/2005

6. FEI Number
20-3451054

☐ 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

Alfred P Denowitz

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

1391 Sawgrass Corporate Parkway

Suite, Apt. #, Etc.

City

Sunrise, FL

State

FL

Zip Code

33323

☒ 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 04/03/2009

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
M/M	Alfred P Denowitz	1391 Sawgrass Corporate Parkway	Sunrise, FL 33323
MM	Yosef Levy	1021 NW 118 Avenue	Plantation, FL 33325
			JB
			STATEMENT 2007-09

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

Date 04/03/2009

Daytime Phone # 954-472-5900

Typed or printed name of signing Managing Member/Manager Alfred P Denowitz