

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000115322

1. Entity Name  
THE MOUNT VERNON & BRAINTREE GROUP, LLC



FILED

2007 MAR 19 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7801 NW 67 STREET  
MIAMI, FL 33166

Mailing Address  
7801 NW 67 STREET  
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-8573887

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LILIAN SREDNI, PA  
1380 NE MIAMI GARDENS DRIVE  
SUITE 246  
NORTH MIAMI BEACH, FL 33179

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ISAAC MENDAL REVOCABLE TRUST	
STREET ADDRESS	1150 E. HOLLANDALE BEACH BLVD. #C	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	APUCHIS CORP.	
STREET ADDRESS	7801 NW 67 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VICTOR E. GOLDSMITH REVOCABLE TRUST	
STREET ADDRESS	2121 YACHT CLUB DRIVE	
CITY-ST-ZIP	AVENTURE, FL 33180	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WOLFNAJMAN CHILDRENS'S IRREVOCABLE TRUST 1	
STREET ADDRESS	2121 NE 202 STREET	
CITY-ST-ZIP	NORTH MAIMI BEACH, FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WOLFNAJMAN CHILDRENS'S IRREVOCABLE TRUST 2	
STREET ADDRESS	2121 NE 202 STREET	
CITY-ST-ZIP	NORTH MAIMI BEACH, FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WOLFNAJMAN CHILDRENS'S IRREVOCABLE TRUST 3	
STREET ADDRESS	2121 NE 202 STREET	
CITY-ST-ZIP	NORTH MAIMI BEACH, FL	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/11/06 90014 046 \$55.00

100095245951  
03/29/07--01050--010 \*\*50.00

REINSTATEMENT

06-07

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 accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-12-2007 305-499-9774