

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 SEP 26 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/21/07--01054--013 **55.00



DOCUMENT # L06000004277	
1. Entity Name NIGHTLIFE 320, LLC	



Principal Place of Business 956 WASHINGTON AVE MIAMI BEACH, FL 33139	Mailing Address 956 WASHINGTON AVE MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box # 1691 MICHIGAN AVENUE Suite, Apt. #, etc. SUITE #325 City & State MIAMI BEACH, FL Zip 33139 Country DADE	3. Mailing Address 1691 MICHIGAN AVE Suite, Apt. #, etc. SUITE #325 City & State MIAMI BEACH, FL Zip 33139 Country DADE
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09192007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-4099195	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CRAIG M. DORNE, PA 407 LINCOLN ROAD PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name DEBORA N GILBERT-LYTTLE, CEO Street Address (P.O. Box Number is Not Acceptable) 1691 MICHIGAN AVENUE SUITE #325 City MIAMI BEACH FL Zip Code 33139
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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 Deborah N Gilbert-Little, CEO DATE 9/19/07

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASRI, KARIM 956 WASHINGTON AVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1691 MICHIGAN AVE #325 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIERVO, NICOLA 956 WASHINGTON AVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1691 MICHIGAN AVE #325 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, LINLEY 956 WASHINGTON AVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1691 MICHIGAN AVE #325 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKWAY HOLDINGS CORPORATION 956 WASHINGTON AVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1691 MICHIGAN AVE #325 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIKLEY, RONY 956 WASHINGTON AVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1691 MICHIGAN AVE #325 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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] DATE 9/19/07 (305) 695-0288

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