

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000014320

1. Limited Liability Company's Name

**240 E 4TH AVENUE, LLC**

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

**3158 NORTH BAY ROAD**

Suite, Apt. #, etc.

3. Mailing Office Address

**3158 NORTH BAY ROAD**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

Zip

**33140**

Country

**USA**

Zip

**33140**

Country

**USA**

8. Name and Address of Current Registered Agent

Name: **JOSE GARCIA**

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

**3158 NORTH BAY ROAD**

Suite, Apt. #, Etc.

City

**MIAMI BEACH**

State

**FL**

Zip Code

**33140**

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

REGISTERED AGENT MUST SIGN

Date **08/20/2010**

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
MGR	JOSE GARCIA	3158 NORTH BAY ROAD	MIAMI BEACH, FL 33140

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 **08/20/2010**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

**FILED**

**10 SEP -2 AM 10:38**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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