

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 NOV 25 PM 3: 50

DOCUMENT # L06000018618

1. Limited Liability Company's Name
PALACE OF BELLA MARE LLC

REINSTATEMENT 2007-09 8BM

200162955012
11/19/09-01/31/10 CR2E041 (11/09) ***16.25

2. Principal Office Address - No P.O. Box # 2742 BISCAYNE BLVD		3. Mailing Office Address 2742 BISCAYNE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33137	Country USA	Zip 33137	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 02/21/2006	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
ENRIQUE JAFIF LEISERSON

Street Address (P.O. Box Number is Not Acceptable)
2742 BISCAYNE BLVD

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33137

☒ 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 _____
REGISTERED AGENT MUST SIGN

Date 11-12-09

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
MGRM	ENRIQUE JAFIF LEISERSON	2742 BISCAYNE BLVD	MIAMI, FL 33137
MGRM	SOFIA ESQUENAZI MISRAGE	2742 BISCAYNE BLVD	MIAMI, FL 33137
MGRM	ELENA JAFIF ESQUENAZI	2742 BISCAYNE BLVD	MIAMI, FL 33137
MGRM	FELIX JAFIF ESQUENAZI	2742 BISCAYNE BLVD	MIAMI, FL 33137
MGRM	DORA JAFIF ESQUENAZI	2742 BISCAYNE BLVD	MIAMI, FL 33137

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 11-12-09 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager ENRIQUE JAFIF LEISERSON