


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000026940					
<b>1. Entity Name</b> SOLE MIAMI LOUNGE PARTNERS, LLC					
<b>Principal Place of Business</b> 17315 COLLINS AVE. SUNNY ISLES BEACH, FL 33160			<b>Mailing Address</b> 17315 COLLINS AVE. SUNNY ISLES BEACH, FL 33160		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10312008 REIN-LLC CR2E101 (1/07)	
<b>4. FEI Number</b> 20-4583960				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ZELKOWITZ, STEVEN W C/O GRAYROBINSON, P.A. 401 EAST LAS OLAS BLVD., SUITE 1850 FT. LAUDERDALE, FL 33301			Name <u>Steven W. Zelkowitz</u> Street Address (P.O. Box Number is Not Acceptable) <u>c/o Gray Robinson, P.A.</u> <u>1221 Brickell Avenue, Suite 1650</u> City <u>Miami</u> State <u>FL</u> Zip Code <u>33131</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>11/12/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2009, Fee will be \$377.50</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FEELEY, THOMAS 500 FIRST STREET HOBOKEN, NJ 07030		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400137951214 11/14/08--01056--011 **238.75	
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	
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	
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	
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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	
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			Date <u>11/12/08</u> Daytime Phone # <u>305-416-6880</u>		



FILED  
 NOV 19 P 2 16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2008

STEVEN W. ZELKOWITZ ESQ.  
GRAYROBINSON P.A.  
1221 BRICKELL AVENUE, STE. 1650  
MIAMI, FL 33131

SUBJECT: SOLE MIAMI LOUNGE PARTNERS, LLC  
Ref. Number: L06000026940

We have received your document for SOLE MIAMI LOUNGE PARTNERS, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to reinstate this entity is \$238.75 and the enclosed reinstatement form must be submitted. The registered agent may be updated on the reinstatement filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 308A00055807