

**L06000030241**

Florida Department of State  
Division of Corporations  
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((H09000043001 3)))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

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TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY REINSTATEMENT**

**SAMUELS REALTY LITTLE HAVANA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

\$416.25

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J. BRYAN  
FEB 25 2009  
EXAMINER

(H09000043001 3)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L06000030241

1. Limited Liability Company's Name

SAMUELS REALTY LITTLE HAVANA LLC

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CR2E041 (10/08)

2. Principal Office Address - No P.O. Box 900 Barberrry Lane Suits, Apt. #, etc. City & State Woodmere, NY Zip 11698 Country USA

3. Mailing Office Address 900 Barberrry Lane Suits, Apt. #, etc. City & State Woodmere, NY Zip 11698 Country USA

4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 03-22-2006 6. FEI Number Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name Registered Agent Solutions, Inc. Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Drive, Suite A Suits, Apt. #, Etc. City Tallahassee State FL Zip Code 32301

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 Date 2/23/09 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers Table with columns: Title, Name of Managing Member/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes Stuart Samuels, David Samuels, Robert Samuels, Deborah Samuels.

REINSTATEMENT 2007-09

11. 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 Stuart Samuels, Managing Member Date 2/22/09 Daytime Phone #