


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000037935			
1. Entity Name TWO DF, LLC			
Principal Place of Business 25 SE 2ND AVENUE SUITE 730 MIAMI, FL 33131		Mailing Address 25 SE 2ND AVENUE SUITE 730 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 14280 S.W. 142 ST. Suite, Apt. #, etc. Suite 208 City & State MIAMI, FL Zip 33186-5579 Country USA		3. Mailing Address 14280 S.W. 142 ST. Suite, Apt. #, etc. Suite 208 City & State MIAMI, FL Zip 33186-5579 Country USA	

FILED

08 FEB -7 PM 3:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01302008 REIN-LLC CR2E101 (1/07)

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

6. Name and Address of Current Registered Agent BLAXBERG, I. BARRY 25 SE 2ND AVENUE SUITE 730 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: HOWARD SOLTZ Street Address (P.O. Box Number is Not Acceptable) 14280 S.W. 142ND ST, SUITE 208 City: MIAMI FL Zip Code: 33186-5579	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50	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 MATZ, BARRY 25 SE 2ND AVENUE, SUITE 730 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500117317475 02/06/08--01042--012 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLTZ, HOWARD 25 SE 2ND AVENUE, SUITE 730 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLTZ, HOWARD 14280 S.W. 142ND STREET MIAMI, FL 33186-5579 <input checked="" 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

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

02-1-08

Date

x 305-887-2928

Daytime Phone #