

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
08 MAR 26 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L06000040362

1. Limited Liability Company's Name

200 NW 8 AVENUE LLC

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

7451 HARDING AVENUE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33141

Country

3. Mailing Office Address

7451 HARDING AVENUE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33141

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business In Florida

04/18/2006

6. FEI Number

20-4727298

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

ISAAC EDUARDO SAFDIE

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

7451 HARDING AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33141

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

(X)

[Signature]

REGISTERED AGENT MUST SIGN

Date

03-17-08

☒ 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.

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	EUGENIA COHEN	7451 HARDING AVENUE	MIAMI BEACH, FL 33141
MGRM	ISAAC EDUARDO SAFDIE	7451 HARDING AVENUE	MIAMI BEACH, FL 33141

REINSTATEMENT

07-08

900120757939
03/19/08--01041--001 **138.75

03/05/07-90199-050-\$50.00

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 608.408, 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

(X)

[Signature]

Date

03-17-08

Daytime Phone #

786-344-6178

Typed or printed name of signing Managing Member/Manager