

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **20600072903**

1. Limited Liability Company's Name

N LAKE REEDY DEVELOPERS, LLC

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

468 E BOCA RATON RD

Suite, Apt. #, etc.

3. Mailing Office Address

468 E BOCA RATON RD

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL 33432

Zip

33432

Country

PLM BCH

Zip

33432

Country

PLM BCH

8. Name and Address of Current Registered Agent

Name

DANIELE HEWMAN

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

468 E BOCA RATON RD

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

Daniele Hewman

REGISTERED AGENT MUST SIGN

Date

9/18/07

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
MEM	URBAN CORE DEVELOPMENT, LLC	468 E BOCA RATON RD	BOCA RATON FL 33432

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

Arnon Newman

Date

9/18/07

Daytime Phone #

561 237-5187

Typed or printed name of signing Managing Member/Manager

ARNON NEWMAN

FILED

2007 SEP 25 PM 2:20

SECRETARY OF STATE

CR2E041 (1/07)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/1/06

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED

☒ \$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

RECEIVED

07

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09/25/07--01042--001 **\$5.00

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