

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -9 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700160304577
09/03/09--01031--009 **516.25

CR2E041 (10/08)

DOCUMENT # 1.06000091883

1. Limited Liability Company's Name

B-1709 OLYMPUS LLC

2. Principal Office Address - No P.O. Box #
600 Three Islands Blvd.

Suite, Apt. #, etc.

Unit B-1709

City & State

Hallandale

Zip

33009

Country

USA

3. Mailing Office Address

21050 Point Place, Atlantic III

Suite, Apt. #, etc.

Unit 3103

City & State

Aventura

Zip

33180

Country

USA

4. State/Country of Formation
FL

**5. Date Organized or Qualified
To Do Business in Florida** 09/19/2006

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

Bril, A. Seno

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

21050 Point Place, Atlantic III

Suite, Apt. #, Etc.

Unit 3103

City

Aventura

State

FL

Zip Code

33180

☐ 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

REGISTERED AGENT MUST SIGN

Date

8/21/09

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
MGR	Eli Leon Sasson Lerner	21050 Point Place, Atlantic III #3103	Aventura, FL 33180
MGR	Jose Saul Sasson Lerner	21050 Point Place, Atlantic III #3103	Aventura, FL 33180
MGR	A.Seno Bril	21050 Point Place, Atlantic III, #3103	Aventura, FL 33180

REINSTATEMENT 2007-09

JB

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

Date

8/21/09

Daytime Phone #

786-393-8089

Typed or printed name of signing Managing Member/Manager