

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO7000024794

1. Limited Liability Company's Name

1405 Euclid LLC

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

14340 Biscayne Blvd

Suite, Apt. #, etc

3. Mailing Office Address

Same

Suite, Apt. #, etc

City & State

North Miami Bch., Florida

City & State

Zip

33181

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/16/07

6. FEI Number

26-2187700

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

Rudolf NAHR

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

14340 Biscayne Blvd.

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33181

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/4/10

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
M	Rudolf Nahr	14340 Biscayne Blvd. North Miami Bch., FL.	MMB, FL. 33181
		S. HAWKES	
		JAN 8 2010	
		EXAMINED	
	REINSTATEMENT		
	2008-10		

11. E-mail Address:

MARK@LIEBMANCPA.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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

[Signature]

Date

1/4/10

Daytime Phone #

305-865-0200

Typed or printed name of signing Managing Member/Manager

Rudolf Nahr