

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN -8 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO7000024794

1. Limited Liability Company's Name
1405 Euclid LLC

600165133706
01/07/10--01038--005 **416.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>14340 Biscayne Blvd</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State <u>North Miami Bch., Florida</u>		City & State	
Zip <u>33181</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>1/16/07</u>	
6. FEI Number <u>26-2187700</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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] Date 1/4/10

REGISTERED AGENT MUST SIGN

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
<u>M</u>	<u>Rudolf Nahr</u>	<u>14340 Biscayne Blvd. North Miami Bch., FL.</u>	<u>NMB, FL. 33181</u>
		<u>S. HAWKES</u>	
		<u>JAN 8 2010</u>	
		<u>REINSTATEMENT</u>	
		<u>2008-10</u>	
		<u>EXAMINED</u>	

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 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 [Signature] Date 1/4/10 Daytime Phone # 305-865-0200

Typed or printed name of signing Managing Member/Manager Rudolf Nahr