

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 MAY 15 PM 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500294679425  
05/04/12--01035--014 \*\*377.50

CR2E041 (1/11)

DOCUMENT # L07000019804

1. Limited Liability Company's Name

**395 Leucadendra Drive, LLC**

2. Principal Office Address - No P.O. Box # 8545 Old Cutler Road		3. Mailing Office Address 8545 Old Cutler Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables		City & State Coral Gables	
Zip 33143	Country USA	Zip 33143	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 02/21/2007	
6. FEI Number 208484163	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 Nicolas Finazzo			
Street Address (P.O. Box Number is Not Acceptable) 8545 Old Cutler Road			
Suite, Apt. #, Etc.			
City Coral Gables	State FL	Zip Code 33143	

E-mail Address:  
  
finazzo1@bellsouth.net  
(To be used for future annual report notices)

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 Nicolas Finazzo Date 4-30-12  
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
MGR	Finazzo, Nicolas	8545 Old Cutler Road	Coral Gables, FL 33143
MGR	Finazzo, Rose Ann	8545 Old Cutler Road	Coral Gables, FL 33143
MGRM	Enarey, LP	8545 Old Cutler Road	Coral Gables, FL 33143
<b>REINSTATEMENT - 2011 - 2012</b>			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Nicolas Finazzo Date April 30, 2012 Daytime Phone # (305) 764-3201  
Typed or printed name of signing Managing Member/Manager Nicolas Finazzo

*CF*