PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				1	
COMPANY			ARTMENT OF STATE tary of State F CORPORATIONS		
DOCUMENT # L07000049383				-	
Limited Liability Company's Name 350 SW 12th Avenue, LLC					
				3(10/2	00253199943 4/1301028008 **793.75 cr26041 (1/11)
2. Principal Office Ad		1	Mailing Office Address		CRZECTI (IIII)
2401 S. Ocean Dr.		2401 S. Ocean Dr.		State/Country of Formation US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 5/9/07	
City & State Hollywood, FL		City & State Hollywood, FL		6. FEI Numbe	er Applied For
33019	Country	^{Zip} 33019	Country	7. CERTIFICATE	\$5,00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name Alan Brownfeld Street Address (P.O. Box Number is Not Acceptable)				E-mail Address:	
2401 S. Ocean Dr. Suite, Apt. #, Etc.				brown	feldauto@aol.com
City			State Zip Code		
Hollywood FL 33019 9. I, being appointed the registered agent of the above ray led limited liability company, am familiar with and				(To be used for future annual report notices)	
Signature of Registered Agent Date Date					
10. Names and Str	eet Addresses of Managing Me	mbers/Managers			
Titles	Name of Managing Members/ Manag	ers	Street Address of Eac Managing Member/ Man		City / State / Zip
мдгм	Alan Brownfeld		2401 S. Ocean Blvd.		Hollywood, FL 33019
MGRM	Ross Brownfeld		2072 6.65 5		BK/4N NY 11237
R	EINSTAI	EMEN	OCT 24 2013	,	
	R. HUNT				
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 Date Daytime Phone # 646-279-2385					