

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN -9 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000099339

1. Limited Liability Company's Name

MIDTOWN TWO UNIT M-304 PARTNERSHIP, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 3451 NE 1ST AVENUE		3. Mailing Office Address 3451 NE 1ST AVENUE	
Suite, Apt. #, etc. M-304		Suite, Apt. #, etc. M-304	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33137	Country USA	Zip 33137	Country USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida **09/28/2007**

6. FEI Number ☐ Applied For
None ☒ 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 **Steven E. Varela, PL**

Street Address (P.O. Box Number is Not Acceptable)
605 Lincoln RD, STE 400

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33139

E-mail Address:

000208667520
06/09/11--01033--004 **\$55.00

steven@varelalegal.com

(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

Date **6-8-2011**

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
MGRM	Damon Edgar	3451 NE 1ST AVE	MIAMI FL 33137
	L. SELLERS		
	JUN 10 2011		
	AMINER		

REINSTATEMENT

08-11

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 **6/8/2011**

Daytime Phone # **305 672 3134**

Typed or printed name of signing Managing Member/Manager **Damon Edgar**