

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 MAR -6 AM 11:23

DOCUMENT # 109000066684

1. Limited Liability Company's Name

MIAMI BEVERLY, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 99 ROBERTS RD		3. Mailing Office Address 99 ROBERTS RD	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State ENGLEWOOD CLIFFS NJ		City & State ENGLEWOOD CLIFFS NJ	
Zip 07632	Country USA	Zip 07632	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida JULY 10, 2009	
6. FEI Number 272524085	<input type="checkbox"/> 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 GIDEON BARAZANI		
Street Address (P.O. Box Number is Not Acceptable) 14570 NW 17 DRIVE		
Suite, Apt. #, Etc		
City MIAMI	State FL	Zip Code 33167

E-mail Address:  
500223958395  
03/06/12--01028--012 \*\*238.75  
ATM21K@AOL.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

*G. Barazani*

REGISTERED AGENT MUST SIGN

Date March 1, 12

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	DENISE VAKNIN	99 ROBERTS RD	ENGLEWOOD CLIFFS NJ, 07632
REINSTATEMENT 2012			

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

*Denise Vaknin*

Date MARCH 1, 12

Daytime Phone # 9142603665

Typed or printed name of signing Managing Member/Manager DENISE VAKNIN

5. Hamilton MAR -7 2012