

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000078301

1. Limited Liability Company's Name

8015 MIDNIGHT PASS RD, LLC

2. Principal Office Address - No P.O. Box #

6365 COLLINS AVENUE

Suite, Apt. #, etc.

UNIT #3007

City & State

MIAMI BEACH, FL

Zip

33141

Country

U.S.A

3. Mailing Office Address

194 KINGS HIGHWAY

Suite, Apt. #, etc.

City & State

MILFORD, CT

Zip

06460

Country

U.S.A

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida
AUGUST 14, 2009

6. FEI Number

27-0754645

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

EDDY A. BLOCK

Street Address (P.O. Box Number is Not Acceptable)

6365 COLLINS AVENUE

Suite, Apt. #, Etc.

UNIT #3007

City

MIAMI BEACH

State

FL

Zip Code

33141

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/29/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	EDDY A. BLOCK	194 KINGS HIGHWAY	MILFORD/CT/06460

REINSTATEMENT

MAR 09 2015

R. HUNT

11. E-mail Address: eblock@block-kahan.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

1/29/2015

Daytime Phone # 203-562-4000

Typed or printed name of signing Authorized Representative/Manager EDDY A. BLOCK