

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000005188

1. Limited Liability Company's Name

ONE MODEL PLACE, L.L.C.

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

1455 OCEAN DRIVE

Suite, Apt. #, etc

SUITE 602

City & State

MIAMI BEACH, FL

Zip

33139

Country

FLORIDA

3. Mailing Office Address

1455 OCEAN DRIVE

Suite, Apt. #, etc

SUITE 602

City & State

MIAMI BEACH, FL

Zip

33139

Country

FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

Jan 10, 2010

6. FEI Number

27-1688138

Applied For

☒ 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

MICHAEL GLEISSNER

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

1455 OCEAN DRIVE

Apt. #, Etc

SUITE 602

City

MIAMI BEACH, FL

State

FL

Zip Code

33139

000279623310
12/01/15--01010--024 **238.75

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

Date **November 18, 2015**

REGISTERED AGENT MUST SIGN

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
MGRM	MICHAEL GLEISSNER	1455 OCEAN DRIVE, SUITE 602	MIAMI BEACH, FL 33139

11. E-mail Address **mg@michaelgleissner.com.**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Nov. 16, 2015

Daytime Phone #

305-900-3174

Typed or printed name of signing authorized representative/member

MICHAEL GLEISSNER
K. ASHTON