

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L110000044828**

1. Limited Liability Company's Name

ASIC Broward LLC

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

1 SE 3rd Avenue

Suite, Apt. #, etc.

2150

City & State

Miami

Zip

33181

Country

USA

3. Mailing Office Address

1 SE 3rd Avenue

Suite, Apt. #, etc.

2150

City & State

Miami

Zip

33181

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

April 14, 2011

6. FEI Number

453571632

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

Barry E. Mukamal

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

1 SE 3rd Avenue

Suite, Apt. #, Etc.

2150

City

Miami

State

FL

Zip Code

33131

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

Barry E. Mukamal
REGISTERED AGENT MUST SIGN

Date

2/13/15

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	Barry E. Mukamal	1 SE 3rd Avenue #2150	Miami, FL 33131

11. E-mail Address:

(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 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 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

Barry E. Mukamal

Date

2/13/15

Daytime Phone #

786-517-5771

Typed or printed name of signing Authorized Representative/Manager Barry E. Mukamal