


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

14 SEP 30 AM 9:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Limited Liability Company's Name
 L11000072164
 W 1213, LLC

2. Principal Office Address - No P.O. Box # 2201 Collins Ave		3. Mailing Office Address 14 NE 1st Ave	
Suite, Apt. #, etc. Unit 1213		Suite, Apt. #, etc. 2nd Floor	
City & State Miami Beach, FL		City & State Miami, FL	
Zip 33139	Country USA	Zip 33132	Country USA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
08/21/2011

6. FEI Number 611661882	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Thomas G. Sherman, P.A.

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

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

800264832248
 09/30/14--01026--024 **138.75

800264832248
 09/30/14--01026--023 **100.00

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 **9/17/14**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	GERSON ARONSON	14 NE 1st Ave, 2nd Fl	Miami, FL 33132

11. E-mail Address: **RPM@BENCHMARKRG.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 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 _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager **GERSON ARONSON**

10/1/14