

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 SEP 20 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FL

600334835406
09/20/19--01030--014 **516.25

CR2E041 (1/14)

DOCUMENT # L14000087362

1. Limited Liability Company's Name
MARINA MILE ALF, LLC

2. Principal Office Address - No P.O. Box #
1320 SW 26th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33315

Country

United States

3. Mailing Office Address

1320 SW 26th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33315

Country

United States

4. State/Country of Formation
Florida/United States

5. Date Organized or Qualified
To Do Business in Florida 05/30/2014

6. FEI Number
38-3932573

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

Israella Herskovitz

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

20229 Ocean Key Dr

Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33498

2017-2019
REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date 09/18/2019

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
MGR	Israella Herskovitz	20229 Ocean Key Dr	Boca Raton/ Florida/33498

11. E-mail Address: ronihersk@gmail.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 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

09/18/2019

Daytime Phone #

5612450437

Israella Herskovitz