

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 FEB 24 PM 2:00

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L 93 000000411**

**C. REEF, L.C.**  
**407 LINCOLN RD. #5C**  
**MIAMI BEACH, FL. 33139**

1a. Principal Place of Business Address  
**407 LINCOLN RD.**  
**#5C**  
**MIAMI BEACH, FL. 33139**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For  
 Not Applicable

City & State

City & State

**11/23/93**

**FLA.**

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required

**1997**

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**CEDRIK DENAIN #**  
**1121 CRANDON BLVD. E 406**  
**Key Biscayne, FL. 33149**

Name

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

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Date: **03-02-99**

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

**MBR**  
**MBRM**

**J. J. MURRAY**  
**CEDRIK DENAIN**

**407 LINCOLN RD #5C**  
**407 LINCOLN RD. #5C**

**MIAMI BCH. FL. 33139**  
**MIAMI BCH. FL. 33139**

7000002799617--5  
-03/09/99--01070--001  
\*\*\*\*188.75 \*\*\*\*188.75  
7000002799617--5  
-03/09/99--01070--002  
\*\*\*\*688.75 \*\*\*\*688.75

**REINSTATEMENT**

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager

Date

Daytime Phone

Typed or printed name of signing Managing Member/Manager **CEDRIK DENAIN**