

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 24 AM 10:32

DOCUMENT # L96000000719

**1. Limited Liability Company's Name**

Havana at Loehmann's LLC

**2. Principal Office Address**

18833 Biscayne Blvd

Suite, Apt. #, etc.

City & State

Aventura FL

Zip  
33180

Country  
USA

**3. Mailing Office Address**

1573 E Harmony Lake Circle

Suite, Apt. #, etc.

City & State

Davie FL

Zip  
33324

Country  
USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

7/3/96

**6. FEI Number**

65-0674917

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

Frank J. Galgano

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

1573 E Harmony Lake Circle

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33324

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\*\*\*205.00 \*\*\*205.00

**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

REGISTERED AGENT MUST SIGN

Date

1/10/99

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mem	Frank J. Galgano	18833 Biscayne Blvd	Aventura FL 33180

**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 1/10/2000

Daytime Phone (954) 452-7425

Typed or printed name of signing Managing Member/Manager Frank J. Galgano