

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

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DOCUMENT # L97000001091

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

1521 Lenox L.C.

**2. Principal Office Address**

1300 Collins Ave #100

Suite, Apt. #, etc.

100

City & State

Miami Beach, FL 33139

Zip

33139

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

**4. State/Country of Formation**

Miami - Dade

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

Sept 30, 1997

**6. FEI Number**

65-0784468

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

Melvin Schlosser

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

1300 Collins Ave #100

Suite, Apt. #, Etc.

#100

City

Miami Beach

State  
FL

Zip Code  
33139

**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

10/17/00

**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
MAN	Melvin Schlosser	1300 Collins Ave	Miami Beach FL 33139
MEM	Arthur Leeds	215 W. 83 St	New York NY 10024
MEM	Robert Gershon	315 W 55 St	New York NY 10019
MEM	Melvin Gershon	315 W 55 St	New York NY 10019

**11. I, \_\_\_\_\_, 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

10/17/00

Daytime Phone #

305-531-3155

Typed or printed name of signing Managing Member/Manager

Melvin Schlosser