

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 DEC 11 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L98000000919

1. Limited Liability Company's Name

Pembroke-Biscayne, L.C.

REINSTATEMENT

1999-2001

2. Principal Office Address

1111 Kane Concourse

Suite, Apt. #, etc.

400

City & State

Bay Harbor Islands, FL

Zip

33154

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/30/98

6. FEI Number

65-0850116

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

Alan Sakowitz

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

1111 Kane Concourse

Suite, Apt. #, Etc.

Suite 401

City

Bay Harbor Islands

State

FL

Zip Code

33154

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 12/10/01

REGISTERED AGENT MUST SIGN

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
MGR	Solomon Almafred	1111 Kane Concourse, Ste 400	Bay Harbor Islands, FL 33154
MGR	Joseph Schorer	1111 Kane Concourse, Ste 400	Bay Harbor Islands, FL 33154

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 12/10/01

Daytime Phone # (305) 865-6700

Typed or printed name of signing Managing Member/Manager Alan Sakowitz, Authorized Representative

CR2001 (9/00)