

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:21

1. DOCUMENT # L98000001413

Name and Mailing Address

0008457 01 AT 0.292 \*\*AUTO T1 0 0615 33313-582150  
LIH REALTY L.C.  
4200 N.W. 16TH STREET, SUITE 600  
LAUDERHILL FL 33313-5821



2. New Mailing Address

City, State, Zip

Principal Place of Business

4200 N.W. 16TH STREET, SUITE 600  
LAUDERHILL FL 33313

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

08/11/1998

6. FEI Number

65-0858408

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

LAUFER, CHAIM  
4200 N.W. 16TH STREET, SUITE 600  
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

*Chaim Laufer* SIGNATURE REQUIRED

Date 10/29/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LAUFER, CHAIM	4200 N.W. 16TH STREET, SUITE 600	LAUDERHILL FL 33313
MGRM	ENGLAND, SEYMOUR	4200 N.W. 16TH STREET, SUITE 600	LAUDERHILL FL 33313

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REINSTATEMENT

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dec

12. 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

*Chaim Laufer* SIGNATURE REQUIRED

Date 10/29/03

Daytime Phone # 718 853-5803

Typed or printed name of signing Managing Member/Manager

CHAIM LAUFER

CR2E084 (7/03)