

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

02 JUL -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

L98000002866

DOCUMENT # L98000002866

1. Limited Liability Company's Name

Mangolis Gral Red Road, LLC

2. Principal Office Address

750 Collins Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Miami Beach, FL

Zip

Country

33139 USA

3. Mailing Office Address

PO Box 190541

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

Country

33119 USA

2001-2002

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/23/98

6. FEI Number

65-08 77790

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

Peter Mangolis

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

750 Collins Avenue

Suite, Apt. #, Etc.

Suite 300

City

Miami Beach

State

FL

Zip Code

33139

30006224043-4

-07/05/02--01056--004

****410.00 ****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 6-11-02

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	Peters Mangolis	750 Collins Ave #300	Miami Bch, FL 33139
Mgm	Michael Gral	750 Collins Ave #300	Miami Bch, FL 33139

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

6-11-02

Daytime Phone

30535-9696

Typed or printed name of signing Managing Member/Manager

Peter Mangolis