

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 24 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000001990

Name and Mailing Address

0001817 01 FP 0.352 \*\*PRSRT T6 0 0615 33129-203300



MIAMI RIVER APARTMENTS, L.L.C.  
2500 S.W. 3RD AVENUE  
MIAMI FL 33129-2033



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/08/1999

Principal Place of Business

2500 S.W. 3RD AVENUE  
MIAMI FL 33129

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0926383

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

SMITH, MICHAEL B  
2500 S.W. 3RD AVENUE  
MIAMI FL 33129

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

*Michael B. Smith*

REGISTERED AGENT MUST SIGN

Date 2-8-3

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
MGR	SMITH, MICHAEL B	2500 S.W. 3RD AVENUE	MIAMI FL 33129

300012970573  
02/21/03-01100-000 \*\*200.00

REINSTATEMENT

02-03

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

*Michael B. Smith*

Date

2-8-3

Daytime Phone #

308-860-8601

Typed or printed name of signing Managing Member/Manager

MICHAEL B. SMITH

CR2E084 (8/02)