

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
00 NOV 15 AM 11:05

DOCUMENT #

L99-2118

1. Limited Liability Company's Name

SOUTH BEACH PROJECT LLC

2. Principal Office Address

5430 ALTON RD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / USA

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

3/31/99

6. FEI Number

65-0152198

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

LORITA FABRICANT, CPA, PA

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

100 SE 2ND ST

Suite, Apt. #, Etc.

STE, 3910

City

MIAMI

700003478897-9

-11/28/00-01095-007

*****50.00 *****50.00

State

FL

Zip Code

33131

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 10/31/00

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
	FRANCOIS D. NEHAMA	5430 ALTON RD	MIAMI BEACH, FL 33140

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

[Signature]

Date

11/3/00

Daytime Phone #

305/866 3399

Typed or printed name of signing Managing Member/Manager