

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

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REINSTATEMENT 2000

DOCUMENT # L99000002508

1. Limited Liability Company's Name

2435 VAN BUREN INVESTMENTS, LLC.

2. Principal Office Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.

Suite 3

City & State

Weston, FL

Zip

33326

Country

USA

3. Mailing Office Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.

Suite 3

City & State

Weston, FL

Zip

33326

Country

USA

4. State/Country of Formation

Florida

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

May 3, 1999

6. FEI Number

65-0393293

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name **ROSS H. MANELLA, ESQUIRE**

ROSS H. MANELLA, P.A.

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

2237 N. Commerce Parkway

Suite, Apt. #, Etc.

Suite 3

City

Weston, FL

State

FL

Zip Code

33326

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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

[Signature]

ROSS H. MANELLA, ESQUIRE

REGISTERED AGENT MUST SIGN

Date **October 16, 2000**

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
	David Ellner	10085 Bay Harbour Drive Terrace	Bay Harbour Island, 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

[Signature]

David Ellner

Date

10-24-00

Daytime Phone #

305 866-2400

Typed or printed name of signing Managing Member/Manager

David Ellner

CR2E041 (9/00)