

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L99000005208**

1. Entity Name  
EL CAIRO, L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 10 AM 9:14

Principal Place of Business  
C/O MARK SCHECHNER, ESQ.  
2121 PONCE DE LEON BLVD, SUITE 711  
CORAL GABLES, FL

Mailing Address  
GLORIA ALAMO  
8200 BLVD EAST  
NORTH BERGEN, NJ 07047

2. Principal Place of Business  
C/O GLORIA ALAMO  
Suite, Apt. #, etc.  
6039 COLLINS AVE #1532  
City & State  
MIAMI BEACH, FLA  
Zip  
33140  
Country  
DADE

3. Mailing Address  
GLORIA ALAMO  
Suite, Apt. #, etc.  
8306 5TH AVE  
City & State  
NORTH BERGEN NJ  
Zip  
07047  
Country  
HUDSON



11012005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent  
SCHECHNER, MARK  
2121 PONCE DE LEON BLVD, SUITE 711  
CORAL GABLES, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE 11/1/05

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALAMO, GLORIA 8200 BLVD EAST 20F GUTTENBERG, NJ 07047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100061339291 11/10/05--01033--009 **\$5.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #