

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:43

**DOCUMENT #**

L99000006789

**1. Limited Liability Company's Name**

SOUTH BEACH CDB, L.L.C.

600050094556

04/07/05--01017--006 \*\*250.00

600050094556

04/07/05--01017--007 \*\*5.00

**2. Principal Office Address**

653 Washington Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

**3. Mailing Office Address**

653 Washington Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

**4. State/Country of Formation**

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

10/18/1999

**6. FEI Number**

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

Richard M. Goldstein

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

2 S. Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 3700

City

Miami

State  
FL

Zip Code  
33131

**REINSTATEMENT**

03-05

**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]*

Date

3-30-05

REGISTERED AGENT MUST SIGN

**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
MGRM	Cecile D. Barker	653 Washington Avenue	Miami Beach, 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

*[Signature]*

Date

3/30/05

Daytime Phone #

305-695-4460

Typed or printed name of signing Managing Member/Manager

CECILE D. BARKER

CR2E041 (10/02)