

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

00 DEC 15 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT #

1. Limited Liability Company's Name

LA9-7852
AFM 54 HOLDINGS LLC.

2. Principal Office Address

650 WEST AVE

Suite, Apt. #, etc.

2808

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A.

3. Mailing Office Address

650 WEST AVE

Suite, Apt. #, etc.

2808

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A.

4. State/Country of Formation

FLORIDA / USA

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

6. FEI Number

65 096 1346

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:

ROBERT VINOKUR

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

650 WEST AVE

Suite, Apt. #, Etc.

2808

City

MIAMI BEACH

State

FL

Zip Code

33139

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

12/05/00

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
MGRM	ROBERT VINOKUR	650 WEST AVE 2808 MIAMI	MIAMI BEACH, FL 33139
"	FRED CONTINI	650 WEST AVE 2808	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

Date

12/05/00

Daytime Phone #

(305) 538-9188

Typed or printed name of signing Managing Member/Manager