

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

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L 99-7852

1. Limited Liability Company's Name

AFM 54 HOLDINGS LLC.

2. Principal Office Address

650 WEST AVE
Suite, Apt. #, etc. 2808

City & State

MIAMI BEACH, FL

Zip 33139 Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

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

ROBERT VINOKUR

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

650 WEST AVE

Suite, Apt. #, Etc.

2808

City

MIAMI BEACH

100004676951-8

-11/13/01--01071--088

****150.00 ****150.00

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 10/22/01

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
MGR	ROBERT VINOKUR	650 WEST AVE #2808	MIAMI BEACH, FL 33139
MGR	FREDRICK 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 10/22/01

Daytime Phone # (305) 742-5602

Typed or printed name of signing Managing Member/Manager

ROBERT VINOKUR

CR2ED41 (9/01)