

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2001

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009155

1. Limited Liability Company's Name

INTRACOASTAL 429, L.L.C.

2. Principal Office Address

1100 SE 24th Street

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33335

Country
U.S.

3. Mailing Office Address

1100 SE 24th Street

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33335

Country
U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

12/23/1999

6. FEI Number

65-0969304

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

Frederick C. Heidgerd

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

600 West Hillsboro Blvd.

Suite, Apt. #, Etc.

Suite 520

City

Deerfield Beach

State

FL

Zip Code

33441-1611

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

Frederick C. Heidgerd

REGISTERED AGENT MUST SIGN

Date

10/16/01

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
MGRM	Emil Pawuk	7000 SE Lakeview Terrace	Stuart, FL 34996
MGRM	XXXX Pawuk E:M.	2958 Brecksville Road	Richfield, OH 44286
MGRM	Julie Alhusseini	900 River Reach Drive #118	Fort Lauderdale, FL 33315

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

Julie Alhusseini

Date

10-16-01

Daytime Phone #

954-467-6788

Typed or printed name of signing Managing Member/Manager

Julie Alhusseini

CR2E041 (9/00)