

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



SECRETARY OF STATE  
Katherine Harris  
Division of Corporations

02 APR 29 PM 5: 05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # M00000000807

1. Limited Liability Company's Name

Elston/Leetsdale, LLC

2. Principal Office Address

1200 Brickell Ave.

Suite, Apt. #, etc.

1500

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

4/20/00

6. FEI Number

36-4310530

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LISA K. MILLER

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

1200 BRICKELL AVE.

Suite, Apt. #, Etc.

1500

City

MIAMI

State

FL

Zip Code

33131

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

Lisa K. Miller

REGISTERED AGENT MUST SIGN

Date 4/12/02

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	PALM/JOHNSON MANAGER, INC.	1200 BRICKELL AVE, #1500	MIAMI, FL 33131

REINSTATEMENT 01-02

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

Lisa K. Miller Secy.

Date

4/12/02

Daytime Phone # 305-358-8700

Typed or printed name of signing Managing Member/Manager

PALM/JOHNSON MANAGER, INC.

CR2E041 (9/01)