


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 11 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/23/11--01005--003 ***655.00

CR2E041 (1/11)

08-11

DOCUMENT # M03000001056

1. Limited Liability Company's Name

Fairbanks LLC

2. Principal Office Address - No P.O. Box #

265 North Shore Drive

Suite, Apt. #, etc.

3. Mailing Office Address

265 North Shore Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

8. Name and Address of Current Registered Agent

Name **Rafael Skovron, CPA**

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

8189B Thames Blvd

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 4/2/2003

6. FEI Number

521386223

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

E-mail Address:

rskovron@gatortaxprep.com

(To be used for future annual report notices)

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

Rafael Skovron

Date

3/16/11

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	Nydia Stone	265 North Shore Drive	Miami Beach, FL , 33141
MGRM	Roger Stone	265 North Shore Drive	Miami Beach, FL, 33141

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Nydia Stone

Date

3/8/2011

Daytime Phone #

305-799-4220

Typed or printed name of signing Managing Member/Manager Nydia Stone