

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # *MD5000000905*

1. Limited Liability Company's Name

MLBR, LLC

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

90 Alton Rd

3. Mailing Office Address

90 Alton Rd

Suite, Apt. #, etc.

3307

Suite, Apt. #, etc.

3307

City & State

miami beach

City & State

miami beach

Zip

33139

Country

us

Zip

33139

Country

US

4. State/Country of Formation

ny

5. Date Organized or Qualified
To Do Business in Florida

2/2005

6. FEI Number

201263094

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

gregory borzilleri

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

90 Alton Rd # 3307

Suite, Apt. #, Etc.

City

miami beach

State

FL

Zip Code

33139

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

12/28/06

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	gregory borzilleri	90 Alton Rd # 3307	miami beach/fl/33139

600113556296

01/02/08--01039--003 **50.00

REINSTATEMENT

2006-2007

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

12/28/06

Daytime Phone #

518 524 7890

Typed or printed name of signing Managing Member/Manager

Gregory Borzilleri