

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 20 PM 12:37

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M 05000002218

1. Limited Liability Company's Name

LEXIN CELEBRATION COMMERCIAL MM LLC

W08000004848

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
654 Madison Avenue

Suite, Apt. #, etc.  
Suite 703

City & State

New York, New York

Zip  
10021

Country  
USA

3. Mailing Office Address  
654 Madison Avenue

Suite, Apt. #, etc.  
Suite 703

City & State

New York, New York

Zip  
10021

Country  
USA

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-2797522

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.

**8. Name and Address of Current Registered Agent**

Name  
United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
9200 South Dadeland Boulevard

Suite, Apt. #, Etc.  
Suite 508

City  
Miami

State  
FL

Zip Code  
33156

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

1/15/2008

**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
Man.	Metin Negrin	654 Madison Avenue, Suite 703	New York, New York 10021

REINSTATEMENT 2006-2008

000115892720  
01/23/08--01031--010 \*\*338.75

000115892720  
02/28/08--01007--005 \*\*177.90

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

M. Negrin

Date 1/15/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CONF. : FORM 212-750-3575 x 15