

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC 15 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/20/08--01045--002 **238.75

CR2ED41 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M06000000545

1. Limited Liability Company's Name

ANF MIAMI GARDENS, LLC

2. Principal Office Address - No P.O. Box # 23792 Rockfield Blvd.		3. Mailing Office Address 23792 Rockfield Blvd.	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Lake Forest		City & State Lake Forest	
Zip 92630	Country USA	Zip 92630	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 01-30-2006	
6. FBI Number 20-4367584	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ SEE ADJUDICATOR'S INSTRUCTIONS	

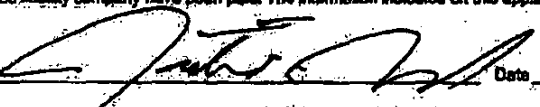
8. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State Zip Code FL 33324

☐ 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 	Date NOV 11 2008
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
mg km Sole	ANF Miami Gardens II, LLC	23792 Rockfield Blvd.	Lake Forest, CA 92630

REINSTATEMENT 06 AL

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 608.408, 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 11/11/08 Daytime Phone # 949-833-1411
Typed or printed name of signing Managing Member/Manager Jonathan Brohard	