

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M06000002957

1. Limited Liability Company's Name

COLLINS AVENUE PLAZA, LLC

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

1434 COLLINS AV

Suite, Apt. #, etc.

2nd FLOOR

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

ZONI GROUP

Suite, Apt. #, etc.

PO BOX 350078

City & State

PALM COAST, FL

Zip

32135

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified To Do Business in Florida

MAY 30, 2006

6. FEI Number

20-4786200

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

ZOILLO C. NIETO

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

1434 COLLINS AV

Suite, Apt. #, Etc

2nd FLOOR

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 SEP 29, 09

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	EDGAR I GUTIERREZ	61 BROADWAY STE 1910 S. HAWKES	NEW YORK NY 10006
		OCT 28 2009	600161182466 10/28/09--01013--002 **143.75
	REINSTATEMENT EXAMINER		S. HAWKES
	2007-09		OCT 7 2009
			EXAMINER

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

SEP 29, 09

Daytime Phone #

212-736 4153

Typed or printed name of signing Managing Member/Manager

Edgar I. Gutierrez



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2009

COLLINS AVENUE PLAZA, LLC  
1434 COLLINS AVE 2ND FLOOR  
MIAMI BEACH, FL 33139

SUBJECT: COLLINS AVENUE PLAZA, LLC  
Ref. Number: M06000002957

We have received your document for COLLINS AVENUE PLAZA, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 709A00032411