

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLO. DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
03 MAR 17 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001215

1. Limited Liability Company's Name

3 M'S OF SOUTH BEACH, LLC

2. Principal Office Address

344 PLAZA REAL

Suite, Apt. #, etc.

City &amp; State

BOCA RATON, FL

Zip

33432

Country

U.S.A

3. Mailing Office Address

344 PLAZA REAL

Suite, Apt. #, etc.

City &amp; State

BOCA RATON, FL

Zip

33432

Country

U.S.A

4. State/Country of Formation

NEW YORK

5. Date Organized or Qualified  
To Do Business in Florida

07/28/99

6. FEI Number

13-4075068

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

NATIONAL CORPORATE RESEARCH, LTD., INC.

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

103 N. MERIDIAN STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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*Cynthia A. Hicks*

REGISTERED AGENT MUST SIGN

Cynthia A. Hicks, Asst. Sec.

Date

1-21-03

## 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	FREUNDLICH, MICHAEL	344 PLAZA REAL	BOCA RATON, FL 33432

REINSTATEMENT

2001-2003 M THOMAS

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*Michael Freundlich*

Date

11/21/02

Daytime Phone #

(501) 393-6275

Typed or printed name of signing Managing Member/Manager

Michael Freundlich