

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 3:09

DOCUMENT # P97000055758

1. Corporation Name

LTMB PROPERTIES, INC.

Principal Place of Business

Mailing Address

4201 COLLINS AVE., STE. 2602
MIAMI BEACH FL 33140

4201 COLLINS AVE., STE. 2602
MIAMI BEACH FL 33140



REINSTATEMENT 99-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0765676

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P, D.,	GENEVIE, LOUIS	4201 COLLINS AVENUE	MIAMI BEACH FL 33140

000003427940--6
-10/18/00--01002--009
****900.75 ****900.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARX, JAMES
MIAMI CENTER, STE-340,
201 S. BISCAYNE BLVD.
MIAMI FL 33131

Name

JAMES MARX

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

200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 1870

City

Miami

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3-8-2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS GENEVIE, PRESIDENT

Date

3-8-2000

Daytime Phone #

305/577-0276