

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 10 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000055758

1. Corporation Name

LTMB Properties, Inc.

REINSTATEMENT

CR2E081 (10/08)

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

4201 Collins Ave

3. Mailing Office Address

same

Suite, Apt. #, etc.

2602

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33140

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/24/1997

5. FEI Number

650765676

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lisa Pearson

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

605 Lincoln Road

Suite, Apt. #, Etc.

Ste 230

City

Miami Beach, FL

State

FL

Zip Code

33139

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*See attached

Date

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-----------------------|
| p | Louis Genevie | 400 Alton Rd, #2101 | Miami Beach, FL 33139 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

200138885302
12/10/08--01042--002 **1658.75

12/10/08 01042 001
\$ 35.00

10. 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 contained in Chapter 119, 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:

Louis Genevie, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-08

Date

212-489-4949

Daytime Phone #

2/2

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LTMB Properties, Inc.
2. The principal office address: 4201 Collins Ave #2602
Miami Beach, FL 33140
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/24/1997 Document number: P97000055758

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

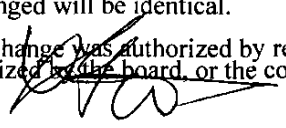
James Marx
200 S. BISCAYNE BLVD. Ste 1870
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lisa Pearson
605 Lincoln Road
(P.O. Box NOT acceptable)
Miami Beach, FL 33139

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

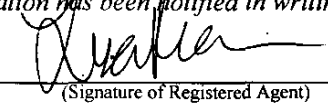


(Signature of an officer or director)

Louis Genevie, President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



(Signature of Registered Agent)

12-8-08

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314