

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 30 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000005631

1. Limited Liability Company's Name

J. SUGARMAN WORLDWIDE AUCTIONS, LLC

CR2E041 (12/07)

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

3351 NE 13th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

3351 NE 13th Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

U.S.A.

City & State

Pompano Beach, FL

Zip

33064

Country

U.S.A.

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

January 21, 2004

**6. FEI Number
200627714**

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

Xavier Viteri

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

6721 SW 69th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

☒ **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 **6/25/08**

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	Thomas Juliano	2871 North Ocean Boulevard, Apt. 415	Boca Raton / FL / 33431
MGRM	Scott C. Grasso	3351 NE 13th Avenue	Pompano Beach / FL / 33064

REINSTATEMENT **06-08** **200132103962**
07/03/08--01003--013 **416.25

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**

Scott Grasso

Date **6/10/08**

Daytime Phone # (954) 464-3434

Typed or printed name of signing Managing Member/Manager **Scott C. Grasso**