

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 JUL -6 AM 8:55

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

200287642962  
07/06/16--01041--005 \*\*750.00

CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L14000094901  
1. Corporation Name  
**M E LAZARUS HOLDINGS LLC**

2. Principal Office Address - No P.O. Box # <b>11 GRAY ROCK PARK ROAD</b>		3. Mailing Office Address <b>1688 MERIDIAN AVENUE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 504</b>	
City & State <b>MOUNT KISCO, NY</b>		City & State <b>Miami Beach, FL</b>	
Zip <b>10549</b>	Country <b>US</b>	Zip <b>33139</b>	Country <b>US</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>06/12/2014</b>	
5. FEI Number <b>47-1096964</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED No	

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

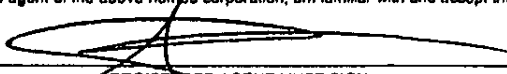
Name  
**IRA FINANCIAL GROUP**

Street Address (P.O. Box Number is Not Acceptable)  
**1688 MERIDIAN AVENUE**

Suite, Apt. #, Etc.  
**Suite 504**

City <b>Miami Beach</b>	State <b>FL</b>	Zip Code <b>33139</b>
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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  Date **6/27/16**

REGISTERED AGENT MUST SIGN

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

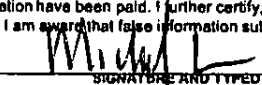
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	Michael Lazarus	11 GRAY ROCK PARK ROAD	MOUNT KISCO, NY 10549

REINSTATEMENT  
2015-2016

EXAMINER  
7 AM  
S. HAWKES

10. E-mail Address: mikelaz@yahoo.com  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  Date **6-27-16**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR