

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06  
\$1,000.00

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:12

DOCUMENT # **A98000000101**

**1. Limited Liability Company's Name**

DAVID S. PEARL REVOCABLE TRUST LIMITED  
PARTNERSHIP

**2. Principal Office Address**

2850 Ravenswood Road

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33312-4920

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

**4. State/Country of Formation**

Florida

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

01/08/1998

**6. FEI Number**

650814463

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

FINEBERG, LIBO B ESQ.

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

3500 GATEWAY DRIVE, STE. 201

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069-4870

**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

*Libo B. Fineberg*  
LIBO B. FINEBERG  
REGISTERED AGENT MUST SIGN

Date 11-15-06

**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
	DAVID S. PEARL AS TRUSTEE OF THE	2850 Ravenswood Road	Ft. Lauderdale, Florida 33312-4920
	DAVID S. PEARL REVOCABLE TRUST		300082540443 12/14/06--01016--011 **1000.00
	PARTNERSHIP LIMITED		

**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

*David S. Pearl*  
DAVID S. PEARL

Date 11-15-06 Daytime Phone # 954 610 2680

Typed or printed name of signing Managing Member/Manager DAVID S. PEARL