

-NO. 6896- -P. 2

FILED

07 OCT -5 PM 4:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

Margolis Family, LLC

CR2E041 (1/07)

3. Mailing Office Address
17885 Collins Avenue

Suite, Apt. #, etc.
Suite 802

City & State
Sunny Isles Beach, FLCountry
USA

4 State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business In Florida 12/30/1999

6. FBI Number
65-0980240

Applied For	
Not Applicable	

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

B. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)
401 E. Las Olas Blvd.

Suite, Apt. #, Etc.
1850

City
Fort Lauderdale

State	Zip Code
FL	33301

☒ 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

Date **September 26, 2007**

REGISTERED AGENT MUST SIGN

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	Gwen Margolis	17885 Collins Avenue, Suite 802	Sunny Isles Beach, FL 33160

E-00110177496
 10/02/07--01023--018 **100.00

REINSTATEMENT

No 67 11/11/07

500110177406
10/02/07--01023--018 **100.00

REINSTATEMENT

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

Date _____

Daytime Phone# (305) 936-9391

Typed or printed name of signing Managing Member/Manager Gwen Margolis, Manager