

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # W00000000873

1. Limited Liability Company's Name

Andrew Curtis & Associates, LLC

200024098192  
11/21/03--01003--004 \*\*250.00  
200024098192  
10/24/03--01072--025 \*\*150.00

2. Principal Office Address

1300 NW 17th Avenue

Suite, Apt. #, etc.

Suite 270

City & State

Delray Beach, Florida

Zip

33445

Country

USA

3. Mailing Office Address

1300 NW 17th Avenue

Suite, Apt. #, etc.

Suite 270

City & State

Delray Beach, Florida

Zip

33445

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

01/01/00

6. FEI Number

65-0972949

☒ 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

Andrew M. Curtis

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

1300 NW 17th Avenue

Suite, Apt. #, Etc.

Suite 270

City

Delray Beach

State

FL

Zip Code

33445

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

[Signature]

REGISTERED AGENT MUST SIGN

Date October 22, 2003

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
Own. Mgr	Andrew M. Curtis	1300 NW 17th Ave, #270	Delray Beach, FL 33445

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

[Signature]

Date

10/28/03

Daytime Phone #

5612651220

Typed or printed name of signing Managing Member/Manager

Andrew M. Curtis

CR2E041 (10/02)