

08/21/02 09:59 FAX

Division of Corporations

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L00000004485

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : REDGRAVE & TURNER LLP
Account Number : I20020000007
Phone : (561)347-1700
Fax Number : (561)391-9944

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LIMITED LIABILITY REINSTATEMENT

ALAN & LAURA FISHER LC

Certificate of Status	1
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Page Count	01
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		02 AUG 21 PM 3:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT# L00000004485 1. Limited Liability Company's Name ALAN & LAURA FISHER LC 9/28/01																																	
2. Principal Office Address 7921 Travelers Tree Drive Suite, Apt. #, etc. City & State Boca Raton, Florida Zip Country 33433 USA		3. Mailing Office Address 7921 Travelers Tree Drive Suite, Apt. #, etc. City & State Boca Raton, Florida Zip Country 33433 USA		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida April 18, 2000 6. FEI Number Applied For 7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for Certificate of Status																													
8. Name and Address of Current Registered Agent Name Ilene Althaus-Polito Street Address (P.O. Box Number is Not Acceptable) 7921 Travelers Tree Drive Suite, Apt. #, Etc. City Boca Raton State Zip Code FL 33433																																	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligation of Chapter 608, F.S. Signature of Registered Agent <u>Ilene Althaus-Polito</u> Date <u>8-16-02</u> REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>Managing Member</td> <td>Ilene Althaus-Polito</td> <td>7921 Travelers Tree Drive</td> <td>Boca Raton, FL 33433</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip	Managing Member	Ilene Althaus-Polito	7921 Travelers Tree Drive	Boca Raton, FL 33433																				
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Managing Member	Ilene Althaus-Polito	7921 Travelers Tree Drive	Boca Raton, FL 33433																														
11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. Further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name is satisfactorily approved by the limited liability company, and the information indicated on this application is true and accurate as if made under oath. Signature of Managing Member/Manager <u>Ilene Althaus-Polito</u> Date <u>8-16-02</u> Daytime Phone # <u>561-347-1700</u> Typed or printed name of signing Managing Member/Manager <u>Ilene Althaus-Polito</u>																																	