

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:04

DOCUMENT # L00000004626

1. Limited Liability Company's Name

Charles E. Waldner and Marjorie W. Waldner, L.L.C.

CR2E041 (8/05)

2. Principal Office Address
1600 South Dixie Highway

3. Mailing Office Address
1600 South Dixie Highway

Suite, Apt. #, etc.
Suite 106

Suite, Apt. #, etc.
Secretary

City & State
Boca Raton

City & State
Boca Raton

Zip
33432

Country
USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida 4/21/2000

6. FEI Number
098146541

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
Charles E. Waldner

Street Address (P.O. Box Number is Not Acceptable)
1600 South Dixie Highway

Suite, Apt. #, Etc.
Suite 106

City
Boca Raton

State
FL

Zip Code
33432

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 Charles E. Waldner

Date 4/20/06

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
MGR	Marjorie W. Waldner	1600 South Dixie Highway	Boca Raton, Florida 33432
			000075191430 05/24/06--01012--013 **200.00
			REINSTATEMENT 05-06

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 Marjorie W. Waldner

Date 4/20/06

Daytime Phone # 561 391 2797

Typed or printed name of signing Managing Member/Manager MARJORIE W WALDNER