

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN -6 AM 11:11

DOCUMENT # L 00000004639

1. Limited Liability Company's Name

REGINA STEIN ANTIQUES & FINE ARTS, LLC

100138283961
11/26/08--01022--010 **100.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 60 EDGEWATER DR. Suite, Apt. #, etc. 8A City & State CORAL GABLES, FL Zip 33133 Country U.S.A.		3. Mailing Office Address 60 EDGEWATER DR. Suite, Apt. #, etc. 8A City & State CORAL GABLES, FL Zip 33133 Country U.S.A.	
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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 4/2/2000	
6. FEI Number 651001273	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent Name YOLANDA REGINA DONATO STEIN Street Address (P.O. Box Number is Not Acceptable) 60 EDGEWATER DR. Suite, Apt. #, Etc. 8A City CORAL GABLES State FL Zip Code 33133	
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☐ 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 <u>Regina Stein</u> Date <u>11/21/08</u> REGISTERED AGENT MUST SIGN	
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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	YOLANDA REGINA DONATO STEIN	60 EDGEWATER DR - 8A	CORAL GABLES, FL 33133
MGR	FRANCISCO DONATO	60 EDGEWATER DR - 8A	CORAL GABLES, FL 33133
			100138283961 01/07/09--01018--014 **1071.25
REINSTATEMENT 2002-2009			

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 <u>Regina Stein</u> Date <u>11/21/08</u> Daytime Phone # <u>786-621-4335</u> Typed or printed name of signing Managing Member/Manager _____	
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JAN -6 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 1, 2008

REGINA STEIN ANTIQUES & FINE ARTS, LLC
60 EDGEWATER DR
8A
CORAL GABLES, FL 33133

SUBJECT: REGINA STEIN ANTIQUES & FINE ARTS, LLC
Ref. Number: L00000004639

We have received your document for REGINA STEIN ANTIQUES & FINE ARTS, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$971.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$ if your reinstatement is submitted after January 1st.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00058737