

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -4 AM 8:35

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L00000005260
ALL, LLC

2. Principal Office Address

2454 Centerville Rd.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32308

Country

USA

3. Mailing Office Address

P.O. Box 13405

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

5/8/2000

6. FEI Number

59 364 5942

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

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\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Harold C. Leslie

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

2454 Centerville Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

REINSTATEMENT

01-05

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 8/3/05

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
P/m	Harold C. Leslie	2454 Centerville Rd	Tallahassee, FL 32308
m	Alan Altshuler	8985 Houston Place	Orlando, FL 32819
m	Joseph Lentini, Sr.	86 Woodland Ave.	Summit, NJ 07901

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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 8/3/05

Daytime Phone # (850) 422-0099

Typed or printed name of signing Managing Member/Manager

Mr. Harold C. Leslie

See document # L00000005260

CR2EDM1 (10/02)