

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 PM 4:14

DOCUMENT # L 00000005513

1. Limited Liability Company's Name

PIZZATOR, LLC

500004716725--4
-12/10/01--01083--014
****155.00 ****155.00

2. Principal Office Address

5988 CORAL RIDGE DR.

Suite, Apt. #, etc.

UNIT B-10

City & State

CORAL SPRINGS, FL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

CORAL SPRINGS, FL

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05-15-2000

6. FEI Number

65-1044324

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

33076-3307

BROWARD

33076-3307

BROWARD

8. Name and Address of Current Registered Agent

Name

SIMON ELKAIM

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

6930 PALMETTO CIRCLE SOUTH

Suite, Apt. #, Etc.

#201

City

BOCA RATON, FL

State

FL

Zip Code

33433

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

Date 11-20-01

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
MEM	SIMON ELKAIM	6930 PALMETTO CIR. SO #201	BOCA RATON, FL 33433
		Rein 100	
		OBR 50	
		CUS 5	
		155. hr	
		REINSTATEMENT 2001	

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

Date 11-20-01 Daytime Phone # 954-340-6600

Typed or printed name of signing Managing Member/Manager