

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

02 MAR 27 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005618

1. Limited Liability Company's Name

A+F VENTURE, LLC

2. Principal Office Address

4850 W. PROSPECT ROAD
Suite, Apt. #, etc.

3. Mailing Office Address

4850 W. PROSPECT ROAD
Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

USA

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/14/00

6. FEI Number

45-1107485

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOSEPH C. WASCH

600005177496-0

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

90 HX 4850 W. PROSPECT ROAD

04/01/02-01007-015

****200.00 ****200.00

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33309

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

Joseph C. Wasch

REGISTERED AGENT MUST SIGN

Date 3-25-02

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
MGRM	LAWRENCE I. FELDMAN	4850 W. PROSPECT ROAD	FORT LAUDERDALE, FL 33309
MGR	ALBERT AARON	416 N. CHARLES STREET	BALTIMORE, MD 21201

REINSTATEMENT

01-02
dec

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

Lawrence I. Feldman

Date

3/26/02

Daytime Phone #

(954) 315-4900

Typed or printed name of signing Managing Member/Manager

LAWRENCE I. FELDMAN