

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000008565

1. Limited Liability Company's Name

Atlantic Jewelry Source LLC

2. Principal Office Address

151085 Jog Rd.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

3. Mailing Office Address

151085 Jog Rd.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6/21/00

6. FEI Number

65-1019584

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

Steve Erblat

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

7227 Panache Way

Suite, Apt. #, Etc.

City

Boca Raton

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

REGISTERED AGENT MUST SIGN

Date

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
LLC MEM	Victor Jamnik	1485 Eric Lane	East Meadow, NY 11554
LLC MEM	Rami Cohen	118 Tara Drive	Roslyn, NY 11576
LLC MEM	Zvi Markowitz	22 Park Avenue	Ardsley, NY 10502
LLC MEM	Steve Erblat	7227 Panache Way	Boca Raton, FL 33433

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager