

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

13 MAY -7 AM 8:41

DOCUMENT # **L000000008794**

1. Limited Liability Company's Name

The Horowitz LLC

2. Principal Office Address - No P.O. Box #

131 Commerce Road

Suite, Apt. #, etc.

3. Mailing Office Address

131 Commerce Road

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

08/03/2000

6. FEI Number

651033495

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

Daniel Levine

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

Corporate Center at Boca Raton, 7777 Glades Road

Suite, Apt. #, Etc.

#110

City

Boca Raton

State

FL

Zip Code

33434

E-mail Address:

600247696346

05/07/13--01032--005 **680.00

Randee@atlaspartyrental.com

(To be used for future annual report notices)

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 4-24-13

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
P	Randee Wechsler	131 Commerce Road	Boynton Beach, FL 33426

REINSTATEMENT

MAY 07 2013

R. HUNT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

4/24/13

Daytime Phone #

5615966467

Typed or printed name of signing Managing Member/Manager

RANDEE WECHSLER