

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

REINSTATEMENT 2001
FILED

DOCUMENT #

1. Limited Liability Company's Name

L-9493
L.A.M. CAPITAL MANAGEMENT, L.L.C.

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

2700 NORTH MILITARY TRAIL

Suite, Apt. #, etc.

200

City & State

BOCA RATON FLORIDA

Zip

33431

Country

USA

3. Mailing Office Address

2700 NORTH MILITARY TRAIL

Suite, Apt. #, etc.

200

City & State

BOCA RATON FLORIDA

Zip

33431

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8-8-2000

6. FEI Number

- - - - -

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

IRA J. Holz

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

2700 NORTH MILITARY TRAIL

Suite, Apt. #, Etc.

200

City

BOCA RATON

State

FL

Zip Code

33431

700004661527-7

-10/31/01-01075-011

***150.00 ***150.00

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

10/19/01

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	IRA J. Holz	2700 N MILITARY TRAIL	Boca Raton FL 33431

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

10/19/01

Daytime Phone #

561 995-1010

Typed or printed name of signing managing Member/Manager

IRA J. Holz

CR2E041 (9/01)