

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000010546

1. Limited Liability Company's Name

Glanz Real Estate Holdings, LLC

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

8345 Via Leonessa

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

8345 Via Leonessa

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

August 31, 2000

6. FEI Number

651042942

☐ 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

Catherine Tomasello Glanz

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

8345 Via Leonessa

Suite, Apt. #, Etc

City

Boca Raton

State

FL

Zip Code

33433

E-mail Address:

800214585858
10/24/11--01019--004 **150.00

(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

Catherine Tomasello Glanz

Date 11/4/11

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
MGRM	Catherine Tomasello Glanz	8345 Via Leonessa	Boca Raton, FL 33433

REINSTATEMENT

B. BOSTICK

NOV 23 2011

EXAMINER

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

Catherine Tomasello Glanz

Date

11/4/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager CATHERINE TOMASELLO GLANZ