

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAY 12 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011341

1. Limited Liability Company's Name

RACK ENTERPRISES, LLC

100155529111  
05/06/09--01020--001 \*\*1071.25  
CR2E041 (10/08)

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

10312 SHIRE OAKS LANE

Suite, Apt. #, etc.

3. Mailing Office Address

C/O RAD+RAD, LLC  
550 MAMARONECK AVE

Suite, Apt. #, etc.

SUITE 404

City & State

BOCA RATON FLORIDA

City & State

HARRISON NY

Zip

33498

Country

USA

Zip

10528

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/19/2000

6. FEI Number

22-3755687

☐ 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

MILDRED KAYDEN

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

10312 SHIRE OAKS LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

Mildred Kayden

REGISTERED AGENT MUST SIGN

Date

4/30/09

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	DANIEL A. BURACK	2501 CAPTAIN'S WAY	JUPITER, FL 33477
MGRM	EARLE S. ALTMAN	560 OSBORN ROAD	HARRISON, NY 10528
MGRM	BERNARD H. KAYDEN	10312 SHIRE OAKS LANE	BOCA RATON, FL 33498

REINSTATEMENT 03-09

JB

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

Mildred Kayden

Date

4/30/09

Daytime Phone #

914/381-1010

Typed or printed name of signing Managing Member/Manager

Estm. 5