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
12 MAY -1 PM 12:17

DOCUMENT # L00000011712

900232425319
04/27/12--01039--005 **521.25

CR2E041 (1/11)

1. Limited Liability Company's Name

E.S.KAPLAN-HILLSBORO,LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
751 SW 66 AVE	751 SW 66 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NO. LAUDERDALE FL.	City & State: NO. LAUDERDALE FL.
Zip: 33068 Country: US	Zip: 33068 Country: US

4. State/Country of Formation: FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida: SEPT. 25 2000

6. FEI Number: 651050089 ☐ 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: EDWARD S. KAPLAN REVOCABLE TRUST DATED AUG. 2-2004

Street Address (P.O. Box Number is Not Acceptable): 751 SW 66 AVE

Suite, Apt. #, Etc.:

City: NO. LAUDERDALE State: FL Zip Code: 33068

E-mail Address: edad1@earthlink.net
(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 4/24/12
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 MR.	EDWARD S. KAPLAN, TRUSTEE	751 SW 66 AVE	NO. LAUDERDALE/ FL. 33068
	REINSTATEMENT 2010-2012		

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 04/24/2012 Daytime Phone # 954 979 3475

Typed or printed name of signing Managing Member/Manager: EDWARD S. KAPLAN, TRUSTEE MGR.