

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **2001** **L00000013738**

1. Limited Liability Company's Name

Rebecca-Chelsea, LLC

2. Principal Office Address

404 Deer Creek Run - Same

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deerfield Beach, Fla

City & State

same

Zip

33442

Country

USA

Zip

Country

same

4. State/Country of Formation

Fla

5. Date Organized or Qualified
To Do Business in Florida

11/8/2000

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

65.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

600004669816-7

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

1200 South Pine Island Road

-11/06/01--01090--002

Suite, Apt. #, Etc.

******155.00 ****155.00**

City

Plantation

State

FL

Zip Code

33324

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 **Connie Bryan**

REGISTERED AGENT MUST SIGN

Connie Bryan, Asst. Secy.

Date **11-2-01**

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
man.	Rebecca L. Goldberg	404 Deer Creek Run	Deerfield Beach Fla, 33342
memb.			

REINSTATEMENT

2001

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

Date **11/1/2000**

Daytime Phone # **954 571 2414**

Typed or printed name of signing Managing Member/Manager

Rebecca L. Goldberg