

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

01 NOV 29 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-13822

1. Limited Liability Company's Name

ARDTULLY 1921 CO., LLC

000004717620--1
-12/10/01--01119--006
****150.00 ****150.00

2. Principal Office Address

145 WOODBRIDGE RD

Suite, Apt. #, etc.

3. Mailing Office Address

145 WOODBRIDGE RD

Suite, Apt. #, etc.

City & State

PALM BEACH FL

City & State

PALM BEACH

Zip

33480

Country

USA

Zip

FL

Country

33480

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/9/00

6. FEI Number

65-1055747

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOY SHAPIRO, MGRM

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

145 WOODBRIDGE RD

Suite, Apt. #, Etc.

City

PALM BEACH

State

FL

Zip Code

33480

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

JOY SHAPIRO, MGRM
REGISTERED AGENT MUST SIGN

Date 10/15/01

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
	JOY SHAPIRO MGRM	145 WOODBRIDGE RD	PALM BEACH, FL 33480

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

JOY SHAPIRO MGRM

Date 10/15/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

JOY SHAPIRO, MGRM

CR2ED41 (9/01)