

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 23 AM 10:51

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO1000007003

1. Limited Liability Company's Name

Little Rascals LLC  
0008-31095

700131745637  
06/26/08--01028--003 \*\*105.00  
700131745637  
07/29/08--01006--017 \*\*416.25  
CR2E041 (12/07)

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

1000 W. Palmetto PK. Rd.  
306

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton  
33433

Country

USA

City & State

FL  
33433

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified To Do Business in Florida

5-03-01

6. FEI Number

05-1124501

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 Jamie Kaplan

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

1000 W. Palmetto PK. Rd.  
#306

Suite, Apt. #, Etc.

City Boca Raton

State FL

Zip Code 33433

☐ 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

Jamie Kaplan

REGISTERED AGENT MUST SIGN

Date

6/24/08

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
<u>mgr</u>	<u>Elyse Curcio</u>	<u>1000 W. Palmetto PK. Rd. #306</u>	<u>Boca Raton FL 33433</u>

REINSTATEMENT  
06-08

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

Elyse Curcio

Date

6/24/08

Daytime Phone #

561-477-3164

Typed or printed name of signing Managing Member/Manager

Elyse Curcio

FF \$ 516.25