

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



**L01000007626** FILED

02 DEC 13 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600008946466

11/13/02--01008--003 \*\*150.00

1. DOCUMENT # L01000007626

Name and Mailing Address

0007945 01 FP 0,352 \*\*PRSR T4 0 0615 44122-562825



KREINDEL REAL ESTATE LLC  
25558 CHAGRIN BLVD., ROOM 100  
C/O JOYCE GRAHAM  
BEACHWOOD OH 44122-5628



2. New Mailing Address

2615 Buckhurst

City, State, Zip  
Beachwood OH 44122

Principal Place of Business

25550 CHAGRIN BLVD., ROOM 100  
C/O JOYCE GRAHAM  
BEACHWOOD OH 44122

3. New Principal Place of Business Address

2615 Buckhurst  
City, State, Zip  
Beachwood OH 44122

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/11/2001

6. FEI Number

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

WEINER, STEPHEN W  
1655 PALM BEACH LAKES BLVD., STE 900  
WEINER AND WEINER LLP  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

*Stephen W. Weiner*

REGISTERED AGENT MUST SIGN

Date 12/9/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member MGR	Mark Kreindel	2615 Buckhurst	Beachwood OH 44122

REINSTATEMENT 2002

*(MK)*

12. 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

*Mark Kreindel*

Date

11-4-02

Daytime Phone #

216-464-3766

Typed or printed name of signing Managing Member/Manager