

Jim Smith &
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -2 AH 9: 24

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SECRETARY OF STATE TALLAHASSEE FLORIDA

1. DOCUMENT # L01000008012

Name and Mailing Address

as if made under oath.

Managing Member/Manager

MJH

| BOCA RATON FL 33432-5734   |                         |  |                       | 9/22022-2023 -  |   |                  |                       |  |
|--|-------------------------|--|-----------------------|---|---|------------------|-----------------------|--|
| 2. New Mailing Address   |                         |  |                       | 4. State/Country of Formation   |   |                  |                       |  |
| City, State, Zip   |                         |  |                       | FL -5. Date Organized or Qualified - To Do Business in Florida 05/16/2001 |   |                  |                       |  |
| Principal Place of Business<br>398 SW 8TH STREET #6  | 3. New Prin             | 3. New Principal Place of Business Address |                       |   | 6. FEI Number Applied For 37-1437/16 Not Applied For                                    |                  |                       |  |
| BOCA RATON FL 33432  | City, State, Z          | City, State, Zip                           |                       |   | CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status |                  |                       |  |
| 8. Name and Address of Current Registered Agent  |                         |  |                       | 9. Name and Address of New Registered Agent                               |   |                  |                       |  |
|  |                         |  | Name                  |   |   |                  |                       |  |
| ACKERMAN, ROBERT J<br>398 SW 8TH STREET #6<br>BOCA RATON FL 33432  |                         | Street Addre                               |                       | is (P.O. Box Number is Not Acceptable)                                    |   |                  |                       |  |
|  |                         |  |                       | FL Zip Code   |   |                  |                       |  |
| Signature of Registered Agent Resistered Agent Registered Agent Registered Agent Resistance Registered Addresses of Each Ma                  | REGISTERED AG           |  |                       |   | Date  | 7/2              | 003                   |  |
| Title(s) Name of Manag   | Name of Managing        |  |                       | h<br>iger   | City / State / Zip  |                  |                       |  |
| PRESUM ROBERT S. ACKER   | MAN/MGRM                | 398 SW 8                                   | # ST. ,#              | -6  | BOCA RA   | TON, 1           | EL, 33432             |  |
|  |                         |  | ·<br>                 | 07/11   | 103-01064   | 166 **<br>106 ** | <u>ans.00</u>         |  |
|  |                         |  | <del></del>           |   |   | -                |                       |  |
|  | <u> </u>                |  |                       |   |   |                  |                       |  |
|  |                         | R  | EINST                 | ATEM  | ENT a   | )02 -            | 2003                  |  |
| 12. I certify that I am managing member/man filling this reinstatement application the rear all fees owed by the limited liability compared. | son for dissolution has | been eliminated, the                       | limited liability com | pany name satis   | fies the requirements of  | section 60       | 3.406, F.S., and that |  |

Merica Date 7/7/03 Daytime Phone # 561-338-0032