

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JAN 24 AM 10:11  
DIVISION OF CORPORATIONS

DOCUMENT # **L01000018136**

1. Limited Liability Company's Name

**TIPS TO SCRAP, LLC**

**200065186722**  
02/06/06--01004--003 \*\*\*350.00

CR2E041 (8/05)

2. Principal Office Address

**999 HARBOR VIEW NORTH**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FL**

Zip

**33019**

Country

**USA**

3. Mailing Office Address

**666 71 STREET**

Suite, Apt. #, etc.

**C/O JUDD BERKLEY**

City & State

**MIAMI BEACH, FL**

Zip

**33141**

Country

**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**10/19/01**

6. FEI Number

**20-3917532**

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

**SHARON REDENSKY**

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

**999 HARBOR VIEW NORTH**

Suite, Apt. #, Etc.

City

**HOLLYWOOD**

State

**FL**

Zip Code

**33019**

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| MEM    | SHARON REDENSKY                      | 999 HARBOR VIEW NORTH                             | HOLLYWOOD, FL 33019 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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

*[Signature]*

Date **Jan. 16. 06**

Daytime Phone # **305-93**

Typed or printed name of signing Managing Member/Manager