

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 16 AM 11:53

DOCUMENT # L01000018888

1. Limited Liability Company's Name

FENDLER-LEIBOVITCH, LLC

2. Principal Office Address

141 ARAGON AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

P.O. BOX 14-4262

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33114-4262

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

11-01-2001

6. FEI Number

005-4500453-1009068736

Applied For

65-11-00000000-100100

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LEIBOVITCH, JACQUES Y

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

7600 SW 171ST STREET

Suite, Apt. #, Etc.

City

VILLAGE OF PALMETTO BAY

01/29/04-01022--001 **100.00

200034380562

04/28/04-01018--022 **105.00

600027674516

01/29/04-01022--001 **100.00

State

FL

Zip Code

33157

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

Jacques Y. Leibovitch

REGISTERED AGENT MUST SIGN

Date 04/11/04

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
MGR	Jacques Y. LEIBOVITCH	7600 SW 171 STREET	Palmetto Bay FL 33157
MGR	Carole FENDLER LEIBOVITCH	7600 SW 171 STREET	Palmetto Bay FL 33157

REINSTATEMENT

03-04 aus
dce

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

Jacques Y. Leibovitch

Date 04/11/04

Daytime Phone # 786-242-5359

Typed or printed name of signing Managing Member/Manager LEIBOVITCH, JACQUES Y

CR2ED41 (9/01)

FENDLER-LEIBOVITCH, LLC
P.O. BOX 14-4262
CORAL GABLES, FL 33114-4262

April 11, 2004

Florida Department of State
Attn: Mrs. DIANE CUSHING
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: FENDLER-LEIBOVITCH, LLC
Ref. Number: L01000018888

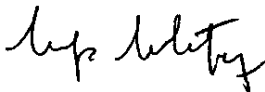
Dear Madam,

I thank you for having sent me the document and I completed it.

Your letter was dated of February 6, 2004, and was mailed on February 13, therefore I am returning the document within the 60 days required (please, here enclosed, find a copy of the envelope with the stamp.)

Please, here enclosed, find the completed document along with a copy of your letter, and also a check of \$105.00 (the total due is \$200.00 + \$5.00 for a certificate but there are \$100.00 already paid by the check that I had sent with the wrong form.)

Sincerely,



Jacques Y Leibovitch, Manager

Please validate on Reinstatement

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600027674516

01/29/04--01022--001 **100.00

Must reinstate