L01000020043

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 31 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020043

Name and Mailing Address

0004452 01 FP 0.352 **PRSRT T4 0 0615 33441-182027
LAXER MANAGEMENT LTD. CO.
10 FAIRWAY DR., STE. 102
DEERFIELD BEACH FL 33441-1820

H01000361926
12/21/02--01084-103 **150.00

2. New Mailing Address

City, State, Zip

Principal Place of Business
10 FAIRWAY DR., STE. 102
DEERFIELD BEACH FL 33441

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
11/20/2001

6. FEI Number
65-1154142
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name Helene Laxer
Street Address (P.O. Box Number is Not Acceptable)
10 Fairway Dr Ste 102
City Deerfield Beach FL
FL Zip Code 33441

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 Helene Laxer Date 12/18/02
REGISTERED AGENT MUST SIGN

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
MGR	Helene Laxer	10 Fairway Dr. Ste 102 Manager	Deerfield Beach FL 33441

REINSTATEMENT 2002

1-3-03 mst

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 Helene Laxer Date 12/18/02 Daytime Phone # 954-480-9898

Typed or printed name of signing Managing Member/Manager