

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

DOCUMENT # LO1000020169

1. Limited Liability Company's Name

My Favorite Shops, LLC

300025265463
12/08/03--01003--021 **250.00

2002-2003

2. Principal Office Address

28 NE 1st Ave

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale

City & State

Zip

33009

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/01/2001

6. FE# Number

65-1154986

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

Robert Davidowitz

Street Address (P.O. Box Numbers Not Acceptable)

28 NE 1st Ave

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

Robert Davidowitz

Date

10/15/03

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Robert Davidowitz</u>	<u>28 NE 1st Ave</u>	<u>Hallandale, FL</u> <u>33009</u>

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

X Robert Davidowitz

Date

10/15/03

Daytime Phone #

954-472-9144

Typed or printed name of signing Managing Member/Manager

CR20041 (10/02)