

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L01000021287

Name and Mailing Address

0012916 01 AT 0.292 **AUTO T7 0 0615 33483-443777



MALLORY II, LLC
277 S.E. 5TH STREET
DELRAY BEACH FL 33483-4437

200024529912
11/10/03-01009--006 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

277 S.E. 5TH STREET
DELRAY BEACH FL 33483

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

12/10/2001

6. FEI Number

APPLIED FOR

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

GLICKSTEIN, CARY
277 S.E. 5TH STREET
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

SIGNATURE REQUIRED

Date **12/28/03**

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
P	GLICKSTEIN, CARY GLICKSTEIN	277 SE 5TH AVE	DELRAY BEACH FL 33483

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

SIGNATURE REQUIRED

Date **10/28/03**

Daytime Phone # **561-279-8952**

Typed or printed name of signing Managing Member/Manager