

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -1 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT #

LD1000022094

1. Limited Liability Company's Name

Yankee MGT LLC

2. Principal Office Address

1844 North Nob Hill Road

Suite, Apt. #, etc.

Suite 173

City & State

Plantation, Florida

Zip

33322

Country

USA

3. Mailing Office Address

1844 North Nob Hill Road

Suite, Apt. #, etc.

Suite 173

City & State

Plantation, Florida

Zip

33322

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/14/2001

6. FEI Number

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

Scott Arenberg

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

1844 North Nob Hill Road

Suite, Apt. #, Etc.

Suite 173

City

Plantation, Florida

State

FL

Zip Code

33322

100081435201

11/01/06 01045 015 ***350.00

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

REGISTERED AGENT MUST SIGN

Date

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
P	Scott Arenberg	1844 N Nob Hill Rd, Suite 173	Plantation FL 33322

REINSTATEMENT

02-06

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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

Date

10/27/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Scott Arenberg