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SECRETARY OF STATE TALLAHASSEE, FLORIDA

From: unknown Page: 2/2 Date: 11/14/2003 1:50:10 PM

APPLICATION FOR REINSTATEMENT

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

1. DOCUMENT # L02000002472

Name and Mailing Address

FS FAMILY, LLC
3841 NE 2ND AVE
SUITE 301A
MIAMI FL 33137-3639

REINSTATEMENT 2003

2. New Mailing Address: 1156 NE 88th St. City, State, Zip: Miami Shores, FL 33138	4. State/Country of Formation: FL
	5. Date Organized or Qualified To Do Business in Florida: 02/01/2002
Principal Place of Business: 3841 NE 2ND AVE SUITE 301A MIAMI FL 33137 — 3. New Principal Place of Business Address: 1156 NE 88th St. City, State, Zip: Miami Shores, FL 33138	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	9. Name and Address of New Registered Agent
LESTER, PAUL 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES FL 33134	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] REGISTERED AGENT MUST SIGN Date: 11/14/03

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	Howard Lavar	1156 NE 88th St	Miami Shores, FL 33138

11-17-03

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] Date: 11/14/03 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager:

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Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

HS FAMILY, LLC

Certificate of Status	1
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