

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000006366**

1. Limited Liability Company's Name

Barbizon School of South Florida, LLC

2. Principal Office Address

3111 N. University Drive

Suite, Apt. #, etc.

Suite 406

City & State

Coral Springs, Florida

Zip

33065

Country

USA

3. Mailing Office Address

3111 N. University Drive

Suite, Apt. #, etc.

Suite 406

City & State

Coral Springs, Florida

Zip

33065

Country

USA

4. State/Country of Formation

Florida

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

3/19/02

6. FEI Number

74-3035272

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

Barry Rothberg

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

3111 N. University Drive

Suite, Apt. #, Etc.

Suite 406

City

Coral Springs

State

FL

Zip Code

33065

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

Date

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
MGRM	David Harris	600 5th Avenue, Suite 1800	New York, NY 10020
MGRM	Barry Rothberg	600 5th Avenue, Suite 1800	New York, NY 10020

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

2/20/24

Daytime Phone #

(954) 345-4140

Typed or printed name of signing Managing Member/Manager

Barry Rothberg

CR2ED41 (10/02)