

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L02000011036
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000011036

Name and Mailing Address

0012508 01 AT 0.292 **AUTO T6 0 0615 33445-438501



ROSENBAUM FAMILY LLC
5201 ESTATES DR.
DELRAY BEACH FL 33445-4385



2. New Mailing Address

15 PALM AVE

City, State, Zip

MIAMI BEACH, FL 33139

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

05/07/2002

Principal Place of Business

5201 ESTATES DR.
DELRAY BEACH FL 33445-4385

3. New Principal Place of Business Address

15 PALM AVE

City, State, Zip

MIAMI BEACH, FL 33139

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

~~HEINEMANN, THEODORE~~ Raymond, John J.
BUTZEL LONG, P.C.
1200 N. FEDERAL HWY., STE. 420
BOCA RATON FL 33432

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

John J. Raymond REQUIRED

Date

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
MGR	ROSENBAUM, JOSEPH	5201 ESTATES DR.	DELRAY BEACH FL 33445-4385

900025086709
12/01/03--01011--014 **150.00

REINSTATEMENT

2003

John J. Raymond

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager