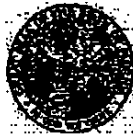


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY -1 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L02000012903

1. Limited Liability Company's Name

EVELYN WILK & MICHAEL TOO, LLC

2. Principal Office Address - No P.O. Box #

17395 NORTH BAY RD

Suite, Apt. #, etc.

104

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33160

Country

MIAMI-DADE

Zip

Country

4. State/Country of Formation

FLORIDA / MIAMI-DADE

5. Date Organized or Qualified
To Do Business in Florida

05/28/2002

6. FEI Number

74 3045661

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

LIFSHITZ AVRAHAM

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

17395 NORTH BAY RD

Suite, Apt. #, Etc.

104

City

MIAMI

State

FL

Zip Code

33160

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived

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

Ari Lifshitz

Date 4/22/08

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
MGR	LIFSHITZ AVRAHAM	17395 N. BAY RD #104	MIAMI, FL 33160
MGR	LIFSHITZ DANA	17395 N BAY RD #104	MIAMI, FL 33160

REINSTATEMENT
NOTIFICATION

06-08

00126984307
04/30/08--01005--014 **416.25

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

Ari Lifshitz

Date 4/22/08

Daytime Phone# 306-776-1870

Typed or printed name of signing Managing Member/Manager

AVRAHAM LIFSHITZ