

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 DEC 20 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017684

1. Limited Liability Company's Name

FELDMAN FAMILY, LLC

200188863802  
12/20/10--01053--017 \*\*818.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 661 COLUMBIA DRIVE		3. Mailing Office Address 661 COLUMBIA DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32789	Country usa	Zip 32789	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida July 15, 2002	
6. FEI Number 01-0751211	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Steven H. Kane			
Street Address (P.O. Box Number is Not Acceptable) 557 NORTH WYMORE ROAD			
Suite, Apt. #, Etc. Suite 100			
City MAITLAND,	State FL	Zip Code 32751	

L. SELLERS

DEC 22 2010

EXAMINER

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

*Steven H. Kane*

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	Robert B. Feldman	661 COLUMBIA DRIVE	Winter Park, FL 32789
Mgrm	Lisa N. Feldman	1316 Green Cove Road	WINTER PARK, FL 32789

REINSTATEMENT 00-10

11. E-mail Address shk@kaneandkoltun.com

(To be used for future annual report notifications)

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

*Robert B. Feldman* mm

Date

12/14/10

Daytime Phone #

407-921-1732

Typed or printed name of signing Managing Member/Manager