

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # 202600019374

1. Limited Liability Company's Name

MENDELSON INVESTMENTS, LLC

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

4444 PLAYER STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

3. Mailing Office Address

4444 PLAYER STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 07/30/05

6. FEI Number

364502887

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

MENDELSON, JAY

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

4444 PLAYER STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD, FL

State

FL

Zip Code

33021

☒ 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

REGISTERED AGENT MUST SIGN

Date

1/26/09

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	MENDELSON, JAY	4444 PLAYER STREET	HOLLYWOOD, FL 33021
MGR	MENDELSON, MICHELLE	4444 PLAYER STREET	HOLLYWOOD, FL 33021
	S. HAWKES		

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01/29/09--01041--020 **555.00

REINSTATEMENT

EXAMINER

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

1/26/09

Daytime Phone #

954-483-6095

Typed or printed name of signing Managing Member/Manager JAY MENDELSON

FILED
09 FEB -3 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041 (10/08)