

L.02000022419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2012 MAY 14 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 203357 7424814

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 516.25

ORDER DATE : May 14, 2012

ORDER TIME : 2:48 PM

ORDER NO. : 203357-005

CUSTOMER NO: 7424814

DOMESTIC FILINGS

NAME: ARIK KISLIN ONE PERCENT (1%)
TRUST, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000022419

1. Limited Liability Company's Name

Arik Kislin One Percent (1%) Trust, LLC

2. Principal Office Address - No P.O. Box #
307 Fifth Ave.

Suite, Apt. #, etc.
17th Floor

City & State
New York, NY

Zip
10016

Country
USA

3. Mailing Office Address
307 Fifth Ave.

Suite, Apt. #, etc.
17th Floor

City & State
New York, NY

Zip
10016

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 8/29/2002

6. FEI Number
13-7088259

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
Kislin, Ela

Street Address (P.O. Box Number is Not Acceptable)
300 SE 5th Avenue

Suite, Apt. #, Etc.
Apt 5080

City
Boca Raton

State
FL

Zip Code
33432

E-mail Address:

prenaghan@linxind.com

(To be used for future annual report notices)

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

Ela Kislin

Date May 14, 2012

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
Mr.	Arik Kislin, Member	300 SE 5th Ave., Apt 5080	Boca Raton, FL 33432

REINSTATEMENT
2010-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 172.01, F.S.

Signature of Managing
Member/Manager

Arik Kislin

Date 5/14/2012

Daytime Phone # 212-785-6600

Typed or printed name of signing Managing Member/Manager Arik Kislin