

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 23 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000030371

1. Limited Liability Company's Name

Family Office Advisory Services, LLC

2. Principal Office Address - No P.O. Box #  
255 Alhambra Circle

3. Mailing Office Address  
255 Alhambra Circle

Suite, Apt. #, etc.  
Suite 333

Suite, Apt. #, etc.  
Suite 333

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip  
33134

Country

Zip  
33134

Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 11/13/2002

6. FEI Number  
48-1288031

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  
Jonathan L. Blum

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

Suite, Apt. #, Etc.  
Suite 333

City  
Coral Gables

State  
FL

Zip Code  
33134

☐ 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

*Jonathan L. Blum*

REGISTERED AGENT MUST SIGN

Date 10/19/07

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	Jonathan L. Blum	255 Alhambra Circle	Coral Gables, FL 33134

REINSTATEMENT

0507

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

*Jonathan L. Blum*

Date 10/19/07

Daytime Phone # 305.321.2586

Typed or printed name of signing Managing Member/Manager

JONATHAN L. BLUM