

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000032664

**FILED**  
**Oct 15, 2004**  
**Secretary of State**

**Entity Name:** DOUGLAS-LAMBERT LABORATORIES LLC

**Current Principal Place of Business:**

8201 PETERS ROAD  
STE.1000  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

322 EAST 50TH STREET  
NEW YORK, NY 10022

**New Mailing Address:**

8201 PETERS ROAD  
STE.1000  
PLANTATION, FL 33324

**FEI Number:** 74-3071620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YECHEZKELL, EYAL  
8201 PETERS ROAD  
STE.1000  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KATHEIN, ITAI  
Address: 10481 NW 11TH CT.  
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM ( ) Delete  
Name: YECHEZKELL, EYAL  
Address: 4854 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** EYAL YECHEZKELL

MGRM

10/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date