

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:59

DOCUMENT # L02000033185

1. Limited Liability Company's Name

PASKOW MANAGEMENT COMPANY, LLC

2. Principal Office Address

102 MRACK ROAD

3. Mailing Office Address

102 MRACK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANVILLE, CA

City & State

DANVILLE, CA

Zip

94506

Country

USA

Zip

94506

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

12/10/2002

6. FEI Number

13-4226056

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

GEOFFREY B. PASKOW

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

624 BOCA MARINA CT.

Suite, Apt. #, Etc.

BOCA MARINA YACHT CLUB

City

BOCA RATON

State

FL

Zip Code

33487

REINSTATEMENT 03-05

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

3/17/05

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 | MICHAEL B. PASKOW-MGRM | 102 MRACK ROAD | DANVILLE, CA 94506 |
| MGRM | GEOFFREY B. PASKOW-MGRM | 624 BOCA MARINA CT. | BOCA RATON, FL 33487 |
| MGRM | IRA B. PASKOW-MGRM | 550 PALM BLVD. | WESTON, FL 33326 |
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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

3/17/05

Daytime Phone #

925-964-0016

Typed or printed name of signing Managing Member/Manager

MICHAEL B. PASKOW

CR2E041 (10/02)