

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000003227

1. Limited Liability Company's Name

Acrylux Building, LLC

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

1400 S Ocean Blvd North

Suite, Apt. #, etc.

#404

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

1400 S Ocean Blvd North

Suite, Apt. #, etc.

#404

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

01/27/2003

6. FEI Number

161653744

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

Janet Riedesel

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

1400 S Ocean Blvd North

Suite, Apt. #, Etc.

#404

City

Boca Raton

State

FL

Zip Code

33432

☒ 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

Janet M. Riedesel
REGISTERED AGENT MUST SIGN

Date *6-18-09*

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
MM	Janet Riedesel	1400 S Ocean Blvd North #404	Boca Raton, FL 33432

REINSTATEMENT 2006-09

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

Janet M. Riedesel

Date *6-18-09*

Daytime Phone # *561-414-1087*

Typed or printed name of signing Managing Member/Manager Janet Riedesel

FILED
09 JUN 30 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/22/09--01046--011 **555.00

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JB