

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

06 JUL 13 PM 8:49

DOCUMENT # L03000012333

1. Limited Liability Company's Name
EIGHT IS ENUFF, LLC

CR2E041 (8/05)

2. Principal Office Address
801 VILLAGE BOULEVARD

3. Mailing Office Address
801 VILLAGE BOULEVARD

Suite, Apt. #, etc.
SUITE 307

Suite, Apt. #, etc.
SUITE 307

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33409

Country
USA

Zip
33409

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 04/04/2003

6. FEI Number 02-0446196

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
MARK ROSENBLATT

Street Address (P.O. Box Number is Not Acceptable)
11721 ISLAND LAKES LANE

Suite, Apt. #, Etc.

City
BOCA RATON

State Zip Code
FL 33498

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

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	MARK ROSENBLATT	11721 ISLAND LAKES LANE	BOCA RATON, FL 33496
MGRM	REBECA ROSENBLATT	11721 ISLAND LAKES LANE	BOCA RATON, FL 33496
			600077729106 07/13/06--01047--015 **250.00
			REINSTATEMENT 04-06

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

Daytime Phone # 5615043199

Typed or printed name of signing Managing Member/Manager MARK ROSENBLATT