

Division of Corporations

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**L03000021957**

Florida Department of State  
Division of Corporations  
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**L. SELLERS**

**MAY 18 2011**

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**EXAMINER**

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**LIMITED LIABILITY REINSTATEMENT  
13112 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$655.00

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DATE: 05/12/2011 4:01 PM

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ATTENTION:

FACSIMILE NUMBER: 18506176383

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FROM: Marci Shaffer

NUMBER OF PAGES: 3

### MESSAGE (if any):



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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000021857 1. Limited Liability Company's Name <b>13112 LLC</b>			
2. Principal Office Address - No P.O. Box if 899 Yamato Road		3. Mailing Office Address 899 Yamato Road	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431		Zip 33431	
4. State/Country of Formation Florida		5. Date Dissolved or Qualified To Do Business in Florida 8/17/2003	
6. FEI Number 28-0067026		7. FEDERAL TAX STATUS (SEE INSTRUCTIONS)	
8. Name and Address of Current Registered Agent Name Mitchell Rubin Mailing Address (P.O. Box Number is Not Permitted) 899 Yamato Road Boca Raton, FL 33431 City Boca Raton		9. E-mail Address: mrubin@lpr-management.com (to be used for future annual report notices)	
10. I, being appointed the registered agent of the above named limited liability company, do hereby verify and accept the obligations of Chapter 605, P.S. Signature of Registered Agent <i>[Signature]</i> Date 5/11/11			
11. Name and Street Address of Managing Member/Manager			
NAME	NAME of Managing Member/Manager	Street Address of Managing Member/Manager	CITY / STATE / ZIP
MGR	Suzanne Rubin	4913 Sage LANE	Long Grove, IL 60047
<b>REINSTATEMENT 2011</b>			
12. I certify that I am personally responsible for the payment of all taxes and fees as provided for in Chapter 605, P.S. I further certify that when any fee (including reinstatement) is received by the Secretary of State, the same shall be immediately paid to the appropriate authority and that all fees owed by the limited liability company have been paid. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8-375.12, P.S. Signature of Managing Member/Manager <i>[Signature]</i> Date 5/11/2011 (647) 967-9905			

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