

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILE

14 SEP 22 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 203000022455

1. Limited Liability Company's Name

LMF, LLC

CR2E041 (1/14)

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

815 NE 6th St.

Suite, Apt. #, etc.

3. Mailing Office Address

815 NE 6th St

Suite, Apt. #, etc.

City & State

HALLANDALE BEACH FL

City & State

HALLANDALE BEACH FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

06/14/2003

6. FEI Number

810636444

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

LAWRENCE M. FINE

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

815 NE 6th St.

Suite, Apt. #, Etc.

City

HALLANDALE BEACH

State

FL

Zip Code

33009

800264569728  
09/22/14--01003--019 \*\*\$76.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Lawrence M. Fine  
REGISTERED AGENT MUST SIGN

Date Sept. 19, 2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
mgr	Lawrence M. Fine	815 NE 6th St	Hallandale Beach, FL 33009

REINSTATEMENT 2012-2014

SEP 22 2014

T. HAMPTON

11. E-mail Address: amateursstockphoto@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Lawrence M. Fine

Date

9-19-2014

Daytime Phone #561-502-7912

Typed or printed name of signing Authorized Representative/Manager

LAWRENCE M. FINE