

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 SEP 23 PM 1:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L03000033401

1. Limited Liability Company's Name

DOROTHY BLAU, LLC

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

396 Alhambra Circle

Suite, Apt. #, etc.

North Tower, 14th Floor

City & State

Miami, FL

Zip

33134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
9/04/2003

6. FEI Number

331069758

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Charles H. Johnson, Esq.

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

396 Alhambra Circle

Suite, Apt. #, Etc.

North Tower, 14th Floor

City

Miami

State

FL

Zip Code

33134

800264608918
09/23/14--01006--003 **1487.50

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

REGISTERED AGENT MUST SIGN

Date

9/17/14

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	Alan G. Greer, Personal Representative	396 Alhambra Circle	Miami, FL 33134
	of the Estate of Dorothy Blau	North Tower, 14th Floor	

11. E-mail Address: **cjohnson@richmangreer.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

Date

9/12/14

Daytime Phone # **305 373 4000**

Typed or printed name of signing Authorized Representative/Manager **Alan G. Greer, as Personal Representative of the Estate of Dorothy Blau**