


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

08 MAR 27 PM 3:50

DOCUMENT # L030000037267

1. Limited Liability Company's Name

WEST HOLLYWOOD WAREHOUSE CENTER LLC

500120588925
03/18/08--01012--029 **693.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #
2425 SW 58TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address
2425 SW 58TH AVE

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

1/1/04

6. FEI Number

31-0489174

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip 33023 **Country** USA

Zip 33023 **Country** USA

8. Name and Address of Current Registered Agent

Name JAY HEPLER

Street Address (P.O. Box Number is Not Acceptable)
2425 SW 58TH AVE

Suite, Apt. #, Etc.

City HOLLYWOOD

State FL **Zip Code** 33023

☒ 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 ☒

REGISTERED AGENT MUST SIGN

Date 3/16/08

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	JOE LEVY	2425 SW 58TH AVE	HOLLYWOOD, FL 33023
MGRM	JAY F HEPLER	2425 SW 58TH AVE	HOLLYWOOD, FL 33023

REINSTATEMENT 2004-08

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 3/16/08

Daytime Phone # 954-325-5348

Typed or printed name of signing Managing Member/Manager

JAY HEPLER