

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 15 AM 10:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (10/08)

DOCUMENT # L04000002395

1. Limited Liability Company's Name

The CARCIERGE, LLC

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

4230 NW 58TH LN

Suite, Apt. #, etc.

3. Mailing Office Address

4230 NW 58TH LN

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33496

Country

USA

Zip

33496

Country

USA

4. State/Country of Formation

PALM BEACH COUNTY

**5. Date Organized or Qualified
To Do Business in Florida**

1/9/2004

6. FEI Number

20-0565164

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

SCOTT SAIDEL

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

4230 NW 58TH LN

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

☐ 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 **8/31/9**

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
MAN MEMBER	SCOTT SAIDEL	4230 NW 58TH LN	BOCA RATON, FL 33496
MAN	SAMUEL SAIDEL	3789 COVENTRY LN	BOCA RATON, FL 33496

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

8/31/9

Daytime Phone #

861 306 6560

Typed or printed name of signing Managing Member/Manager

N. Saidel SEP 16 2000