

LO4000024292

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

09 OCT 16 PM 3:36

DOCUMENT # **LO4000024292**

1. Limited Liability Company's Name

TEN STORES, LLC

07

400161842164
10/19/09--01002--001 **516.25
CR2E041 (10/08)

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

288 NINTH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

288 Ninth St.

Suite, Apt. #, etc.

City & State

WINTER GARDEN FLA.

City & State

WINTER GARDEN, FLA

Zip

34787

Country

USA

Zip

34789

Country

USA

4. State/Country of Formation

FLA.

5. Date Organized or Qualified
To Do Business in Florida

3/31/04

6. FEI Number

20-0946607

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

HARRY FALK

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

288 NINTH ST.

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

☐ 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

HARRY FALK

REGISTERED AGENT MUST SIGN

Date

10/16/09

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
MGR	HARRY FALK	288 ninth ST.	Winter Garden, FL.
MGR	Bill Westrom	288 ninth ST.	Winter Garden, FL.

REINSTATEMENT 2007-2009

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

HARRY FALK

Date

10/15/09

Daytime Phone #

407-647-2899

Typed or printed name of signing Managing Member/Manager

HARRY FALK