

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 NOV 27 AM 10:45

DOCUMENT # L04000025328

1. Limited Liability Company's Name

FERNIE LLC

900112451249
11/20/07--01014--012 **255.00

CR2E041 (1/07)

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

8114 Valhalla Drive

Suite, Apt. #, etc.

3. Mailing Office Address

8114 Valhalla Drive

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

Zip

33446

Country

USA

City & State

Delray Beach, Florida

Zip

33446

Country

USA

4. State/Country of Formation

FLORIDA

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

April 5, 2004

6. FEI Number

20-0957388

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

HENRY LAFFER

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

8927 Hypoluxo Road

Suite, Apt. #, Etc.

A-5

City

Lake Worth

State

FL

Zip Code

33467

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

11/16/07

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	Ferne S. Laffer	8114 Valhalla Drive	Delray Beach, Florida 33446

REINSTATEMENT

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11. I certify that I am managing member/manager of 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 11/16/07 **Daytime Phone #** 561 866-4288

Typed or printed name of signing Managing Member/Manager Ferne S. Laffer