

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 26 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000038171

1. Limited Liability Company's Name

5950 MANAGEMENT, L.L.C.

2. Principal Office Address

4000 Hollywood Blvd.

3. Mailing Office Address

P.O. BOX 2972

Suite, Apt. #, etc.

350-N

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hallandale Beach, FL

Zip

33021

Country

USA

Zip

33008

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/19/2004

6. FEI Number

☒ 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

Bruce J. Smoler, Esquire

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

2611 Hollywood Boulevard

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code
33020

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

Date

12/26/06

REGISTERED AGENT MUST SIGN

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	Sara Yemyashev	P.O. Box 2972	Hallandale, Florida 33008
MBR	Felice Adelstein	P.O. Box 2972	Hallandale, Florida 33008
MGRM			
MBR			

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

12/26/06

Daytime Phone #

954-922-2811

Typed or printed name of signing Managing Member/Manager

Bruce J. Smoler, Authorized Representative