

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 19 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000042678

1. Limited Liability Company's Name

Families By Design, LLC

09

000162881770
11/17/09--01027--011 **243.75

CR2E041 (10/08)

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

1900 NW Corporate Blvd.

Suite, Apt. #, etc.

225W

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

3. Mailing Office Address

1900 NW Corporate Blvd.

Suite, Apt. #, etc.

225W

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6.7.04

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

Ian M. Berkowitz, Esq.

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

2101 NW Corporate Blvd.

Suite, Apt. #, Etc.

300

City

Boca Raton

State

FL

Zip Code

33431

☐ 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

Ian M. Berkowitz
REGISTERED AGENT MUST SIGN

Date 11-12-09

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	Dr. Laurie M. Emery	1900 NW Corporate Blvd. Ste 225W	Boca Raton, FL 33431

REINSTATEMENT 2009

up 11/30/09

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

Laurie M. Emery

Date 11-12-09

Daytime Phone# 561-239-1614

Typed or printed name of signing Managing Member/Manager