

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 MAR 28 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204000062472

1. Limited Liability Company's Name

SKMLJS L.L.C.

CR2E041 (1/11)

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

12 Shoreside Drive

Suite, Apt. #, etc.

City & State

South Barrington IL

Zip Country

60010

USA

3. Mailing Office Address

12 Shoreside Drive

Suite, Apt. #, etc.

City & State

South Barrington IL

Zip Country

60010

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8-20-2004

6. FEI Number

201559890

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

Thomas Cirrincione

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

5797 Harbour Cir

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

E-mail Address:

000246206350

03/28/13--01027--005 **238.75

SamC@Suparossa.com

(To be used for future annual report notices)

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

[Signature]

Date 3-20-13

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	Samuel Cirrincione ^{LTD} Family Partnership	12 Shoreside Dr.	South Barrington IL 60010
MGRM	Samuel Cirrincione	12 Shoreside Dr	South Barrington IL 60010
REINSTATEMENT <u>2013</u>			S. HAWKES
			MAR 29 2013
			EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 3-20-13

Daytime Phone # 773-680-7000

Typed or printed name of signing Managing Member/Manager

Samuel Cirrincione