

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUN 23 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300157179673
06/15/09--01053--022 **416.25
CR2E041 (10/08) 07-09

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000064097

1. Limited Liability Company's Name

664 NORTH LLC

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

4675 LINTON BLVD.

Suite, Apt. #, etc.

200

City & State

DELRAY BEACH FL

Zip

33445

Country

USA

3. Mailing Office Address

4675 LINTON BLVD.

Suite, Apt. #, etc.

200

City & State

DELRAY BEACH FL

Zip

33445

Country

USA

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

8/26/04

6. FEI Number

20-1541526

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

HARVEY I. GARBER

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

4675 LINTON BLVD.

Suite, Apt. #, Etc.

200

City

DELRAY BEACH FL

State

FL

Zip Code

33445

☒ 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 *[Signature]*

Date

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
M	HARVEY I. GARBER	4675 LINTON BLVD. #200	DELRAY BEACH FL 33445
MM	JOYCE R. GARBER	4675 LINTON BLVD. #200	DELRAY BEACH FL 33445

REINSTATEMENT

07-09
AL

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 *[Signature]*

Date

6/11/09

Daytime Phone #

561-302-8994

Typed or printed name of signing Managing Member/Manager HARVEY I. GARBER