

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 17 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05000019417

1. Limited Liability Company's Name

HENRY H MURAWSKI LLC

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

2712 TAFT ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip
33020

Country

BROWARD

3. Mailing Office Address

730 NW 34TH ST

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

Zip
33309

Country

BROWARD

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/25/2005

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

WILLIAM R LEONARD

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

633 SO ANDREWS AVE

Suite, Apt. #, Etc.

SUITE 402

City

FORT LAUDERDALE

State

FL

Zip Code

33301

☐ 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

REGISTERED AGENT MUST SIGN

Date **8 OCTOBER 2007**

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	ELAINE HALL	730 NW 34TH ST	OAKLAND PARK FL33309

700110903407
10/17/07--01051--021 **50.00

700110903407
10/17/07--01051--022 **150.00

REINSTATEMENT 06-07

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

Elaine Murawski Hall

Date **10/8/2007**

Daytime Phone # **954-566-1916**

Typed or printed name of signing Managing Member/Manager

ELAINE HALL