

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR -9 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000036569**

1. Limited Liability Company's Name

5000 NORTH FEDERAL, LLC

CR2E041 (12/07)

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

5130 N FEDERAL HWY

Suite, Apt. #, etc.

STE 8

City & State

FORT LAUDERDALE FL

Zip

33308

Country

US

3. Mailing Office Address

5130 N FEDERAL HWY

Suite, Apt. #, etc.

STE 8

City & State

FORT LAUDERDALE FL

Zip

33308

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business In Florida

4/14/2005

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

GRANT W. KEHRES

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

2000 GLACES ROAD

Suite, Apt. #, Etc.

SUITE 302

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4-7-08**

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	IRA LANG	5130 N FEDERAL HWY/STE 8 FT. LAUD FL	33308
			400122771054
			04/10/08--01004--006 **416.25
			L. SELLERS
			APR 11 2008
			EXAMINER

REINSTATEMENT

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 **4/7/08**

Daytime Phone # **904-491-2281**

Typed or printed name of signing Managing Member/Manager

IRA LANG