

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 13 P 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000043292

1. Limited Liability Company's Name

LUB HAMBURG, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
3393 Old Mill Road

3. Mailing Office Address
3393 Old Mill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Highland Park, IL

City & State
Highland Park, IL

Zip
60035

Country
USA

Zip
60035

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 05/02/2005

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
David G. Murray, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1401 East Broward Boulevard

Suite, Apt. #, Etc.
200

City
Fort Lauderdale

State Zip Code
FL 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 10/24/07

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	Scotty Pippen	3393 Old Mill Road	Highland Park, IL 60035

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10/25/07--01048--001 **200.00

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

Date 10/24/07

Daytime Phone # 954-467-2000

Typed or printed name of signing Managing Member/Manager

Scotty Pippen