

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 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05000043294

1. Limited Liability Company's Name

LUB DELAGO, LLC

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

Suite, Apt. #, etc.

City & State
Highland Park, IL

Zip
60035

Country
USA

3. Mailing Office Address
3393 Old Mill Road

Suite, Apt. #, etc.

City & State
Highland Park, IL

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
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 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

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**

800111360768
10/25/07--01048--002 **200.00

REINSTATEMENT 06-07

MURRAY & SIMMONS, LLP

ATTORNEYS AT LAW
1401 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE, FLORIDA 33301

DAVID G. MURRAY*
STEPHEN J. SIMMONS
WALTER B. SCHNEIDER
JAMES B. ABRIL
LEE H. DAVIS**

*BOARD CERTIFIED REAL ESTATE LAWYER
**ADMITTED TO FLORIDA AND TEXAS BAR

TELEPHONE (954) 467-2000
FACSIMILE (954) 467-2306

October 24, 2007

VIA FEDERAL EXPRESS

Division of Corporations
ATTN: Registration Section
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Limited Liability Company Reinstatement
Lub Delago, LLC & Lub Hamburg, LLC

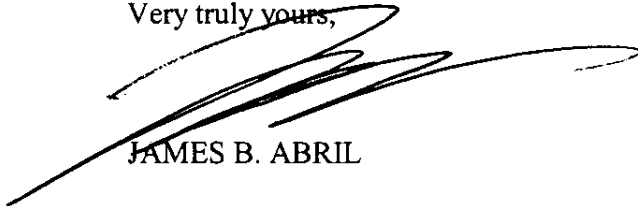
Whom it may concern:

Please find enclosed the Limited Liability Company Reinstatement for the following entities along with the applicable fee for each entity:

1. Lub Delago, LLC; and
2. Lub Hamburg, LLC.

If you have any questions or need anything additional, please do not hesitate to call me. Thank you.

Very truly yours,



JAMES B. ABRIL

JBA/
Enclosures (checks)