Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I20040000083
Phone : (954)474-8000
Fax Number : (954)474-9850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
ALAN MORIN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 NOV 19 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # L05000044141

1. Limited Liability Company's Name

ALAN MORIN, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
101 N. Federal Hwy.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 600	
City & State	City & State
Boca Raton, Florida	
Zip: 33432 Country: US	Zip: Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: May 4, 2005

6. FEI Number: 202806924 ☐ 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: Steven A. Weinberg

Street Address (P.O. Box Number is Not Acceptable): 7805 S.W. 6th Court

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☒ 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 _____ Date 11/19/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Alan Z. Appelbaum	101 N. Federal Highway Suite 600	Boca Raton, Fl. 33432

REINSTATEMENT 08-09 AL

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 608.408, 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 11/12/09 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____