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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Number : I20040000083
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**LIMITED LIABILITY REINSTATEMENT
ALAN MORIN, LLC**

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

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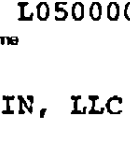
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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2009 NOV 19 AM 10: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA																								
DOCUMENT # L05000044141 1. Limited Liability Company's Name ALAN MORIN, LLC																											
2. Principal Office Address - No P.O. Box # 101 N. Federal Hwy. Suite, Apt. #, etc. Suite 600 City & State Boca Raton, Florida Zip Country 33432 US		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country 																									
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 State Zip Code Plantation FL 33324		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida. May. 4, 2005. 6. FEI Number 202806924 7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status ☒ 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Alan Z. Appelbaum</td> <td>101 N. Federal Highway Suite 600</td> <td>Boca Raton, FL. 33432</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				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																
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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 _____																											

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