

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 23 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 05000084874**

1. Limited Liability Company's Name

A TOUCH OF GRAY, LLC

900111211789
10/23/07--01040--006 **100.00

CR2E041 (1/07)

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

2000 Glades Rd

Suite, Apt. #, etc.

400

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

2000 Glades Rd

Suite, Apt. #, etc.

400

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

8/26/05

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 **JONATHAN ROOF, ESQ**

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

2000 Glades Rd # 412

Suite, Apt. #, Etc.

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

10/8/07

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
mbr	Lotin, G6e6	4940 NW 23 rd Ct	Boca Raton, FL 33431
mbr	Lotin, Angela M.	4940 NW 23 rd Ct	Boca Raton, FL 33431

REINSTATEMENT

2006-2007

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 **10-17-07**

Daytime Phone# **561-998-6063**

Typed or printed name of signing Managing Member/Manager

Gregory Lotin