

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 14 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10232008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000095739

1. Entity Name
KATE OBSTGARTEN, LLC



Principal Place of Business
16323 VINTAGE OAKS
DELRAY BEACH, FL 33484

Mailing Address
16323 VINTAGE OAKS
DELRAY BEACH, FL 33484

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHORR, STEPHEN A
1700 NW 2ND AVE
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 10/31/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIN, SANDRA 16323 VINTAGE OAKS DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000137493530 10/30/08--01047--002 **138.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *[Signature]* DATE 10/28/08 DAYTIME PHONE # 561-637-4680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SANDRA RUBIN