

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 12 AM 10: 01

DOCUMENT # L05000102663

1. Entity Name
STERN & MONTANA OF FLORIDA, LLC



Principal Place of Business
4800 NORTH FEDERAL HIGHWAY, SUITE 307B
BOCA RATON, FL 33431

Mailing Address
4800 NORTH FEDERAL HIGHWAY, SUITE 307B
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10102006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERN & MONTANA, LLP
4800 NORTH FEDERAL HIGHWAY, SUITE 307B
ATTN: SANDRA BURGOS
BOCA RATON, FL 33431

Name Stern & Montana, LLP
Street Address (P.O. Box Number is Not Acceptable)
2255 Glades Road
ATTN: Sandra Burgos
City Boca Raton FL Zip Code 33431

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-11-06

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME M Sandra Burgos ☐ Delete
STREET ADDRESS 2255 Glades Road
CITY-ST-ZIP Boca Raton, FL 33431

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 400080785904
CITY-ST-ZIP 10/12/06--01064--012 **155.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS REINSTATEMENT 2006
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

[Signature]

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

10-11-06

Date

Daytime Phone #