

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 205000110927

1. Limited Liability Company's Name
HALLANDALE CORPORATE INVESTMENTS, LLC
1820 East Hallandale Beach Boulevard
Hallandale Beach, Florida 33009

2. Principal Office Address - No P.O. Box #
Same as above

3. Mailing Office Address
same as above

Suite, Apt. #, etc.
same as above

Suite, Apt. #, etc.
same as above

City & State
same as above

City & State
same as above

Zip _____ Country _____

Zip _____ Country _____

8. Name and Address of Current Registered Agent

Name MARK PERLMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1820 East Hallandale Beach Boulevard

Suite, Apt. #, Etc.
Hallandale Beach, Florida 33009

City _____ State **FL** Zip Code _____

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

4. State/Country of Formation
BROWARD

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number 20-4892632

Applied For

Not Applicable

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
MARK PERLMAN, ESQ. *Mark Perlman*
REGISTERED AGENT MUST SIGN

March 31, 2008

Date

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
MGRM	TODD, MARY MARGARET	1820 East Hallandale Beach Blvd.	Hallandale, FL 33009

700122059057
04/03/08--01040--005 **416.25

REINSTATEMENT

06-08

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
Mary Margaret Todd
Mary Margaret Todd

3/31/08

Date

954-456-1333

Daytime Phone #

Typed or printed name of signing Managing Member/Manager