9/3/2014 12:13:23 From: To: 8506176384

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L06000061446

1. Limited Liability Company's Name
Mittelman Associates, LLC

2. Principal Office Address - No P.O. Box #
13615 Rhone Circle
Suite, Apt. #, etc.
City & State
Palm Beach Gardens, FL
Zip: 33410 Country: USA

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

4. State/Country of Formation
FL

5. Date Organized or Qualified to Do Business in Florida
6/15/2006

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
Barbara Mittelman
Street Address (P.O. Box Number is Not Acceptable)
13615 Rhone Circle
Suite, Apt. #, Etc
City: Palm Beach Gardens, State: FL Zip Code: 33410

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Barbara Mittelman Date 9/2/14
REGISTERED AGENT MUST SIGN Barbara Mittelman

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	Gary L. Mittelman	29 Stack Street	Middletown, CT 06457
Manager	Robert T. Mittelman	29 Stack Street	Middletown, CT 06457

11. E-mail Address: gmitt16@comcast.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Gary Mittelman Date 9/2/14 Daytime Phone # 8602807430

Typed or printed name of signing Authorized Representative/Manager: GARY MITTELMAN

RE 9/4/14

2 of 2 pages

Division of Corporations

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Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
MITTELMAN ASSOCIATES, LLC

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