

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB -7 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222008 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

PLOTKA, EVAN B
7771 W. OAKLAND PARK BOULEVARD
ATRIUM WEST, SUITE 140
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name Evan B Plotka
Street Address (P.O. Box Number is Not Acceptable)
210 North University Drive
Suite 301
City Coral Springs FL Zip Code 33071-7339

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, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS LEAVER, LOUOMA T
CITY-ST-ZIP 5201 NE 32 AVENUE
FORT LAUDERDALE, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400116583474
CITY-ST-ZIP 01/31/08--01038--005 **277.50

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 608, Florida Statutes.

SIGNATURE

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

Date

Daytime Phone #

REINSTATEMENT

07-08

JUDITH WHITE
ACQUELYN SHEFFIELD