

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR -7 AM 11:11

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000067589

1. Limited Liability Company's Name

ALAN RAM 441, LLC

2. Principal Office Address - No P.O. Box #

208 GRAND ST.  
JERSEY CITY N.J. 07302

Suite, Apt. #, etc.

APT 1

3. Mailing Office Address

90 MICHAEL SIMS

Suite, Apt. #, etc.

City & State

Jersey City

City & State

NEW JERSEY

Zip

07302

Country

USA

Zip

07302

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

06/27/2007

6. FEI Number

14-2013710

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: LAWRENCE K. JUDD

Street Address (P.O. Box Number is Not Acceptable)

1995 E. OAKLAND PARK BOULEVARD

Suite, Apt. #, Etc.

SUITE 105

City

FT. LAUDERDALE

State

FL

Zip Code

33306

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

*Lawrence K. Judd*  
REGISTERED AGENT MUST SIGN

Date 3/26/2009

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	MICHAEL SIMS	208 GRAND STREET	JERSEY CITY, NJ 07302

REINSTATEMENT 2008; 2009

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

*[Signature]*

Date 3/26/2009

Daytime Phone # (201) 232-5367

Typed or printed name of signing Managing Member/Manager

**LAWRENCE K. JUDD**  
ATTORNEY AT LAW  
SUITE 105  
1995 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FLORIDA 33306  
(954) 525-3300  
FAX (954) 462-8456  
E-MAIL JUDDLAW@AOL.COM

March 27, 2009

Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Alan Ram 441, LLC; Document # L07000067589.

Gentlemen/women:

Enclosed please find an original reinstatement application for the referenced limited liability company, together with a check payable to the *Department of State* in the amount of \$377.50, representing the reinstatement and annual report fees.

Please contact our office – we are the registered agent – should you require any additional information.

Thank you.

Sincerely,



Lawrence K. Judd

LKJ/  
Cc: