

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Berson Family, LLC

LO 8000059809

CR2E041 (1/14)

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

300 SE 5th Ave

Suite, Apt. #, etc.

#1020

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

300 SE 5th Ave

Suite, Apt. #, etc.

#1020

City & State

BOCA RATON, FL

Zip

33432

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Gerald Berson

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

300 SE 5th Ave #

Suite, Apt. #, Etc.

#1020

City

BOCA RATON

State

FL

Zip Code

33432

600263582916
09/04/14-01002-001 **416.25

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

REGISTERED AGENT MUST SIGN

Date **8/6/14**

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
mgr	Gerald Berson	300 SE 5th Ave #1020	Boca Raton, FL 33432

11. E-mail Address:

(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 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 605.0012, 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

Gerald Berson

Date

8/6/14

Daytime Phone #

561-955-9451

Typed or printed name of signing Authorized Representative/Manager

Gerald Berson