

L10000088127

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 27 PM 2:34

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000088127

1. Limited Liability Company's Name

THE 97 & 98'S LLC

2011

200219742232

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
16485 BRIDLEWOOD CIRCLE

3. Mailing Office Address
16485 BRIDLEWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

Zip

33445

Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 08/23/2010

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

E-mail Address:

e3rakrieg@yahoo.com

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

1/26/12

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	DELSING, BART	16485 BRIDLEWOOD CIRCLE	DELRAY BEACH, FL 33445
MGRM	KRIEG, EZRA	16485 BRIDLEWOOD CIRCLE	DELRAY BEACH, FL 33445

REINSTATEMENT 2011-2012

PK

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Jan 25, 2012

Date

Daytime Phone #

954-260-8838

Typed or printed name of signing Managing Member/Manager EZRA KRIEG, MANAGING MEMBER



CORPORATION SERVICE COMPANY

L10000088127

ACCOUNT NO. : I20000000195

REFERENCE : 036060 7791890

AUTHORIZATION

Spokane

COST LIMIT : \$ 377.50

ORDER DATE : December 22, 2011

ORDER TIME : 5:12 PM

ORDER NO. : 036060-015

CUSTOMER NO: 7791890

DOMESTIC FILINGS

NAME: THE 97 & 98'S LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - Ext# 2920

EXAMINER'S INITIALS

BM

RECEIVED
DEPARTMENT OF STATE
12 JAN 27 AM 10:50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 27 PM 2:34