
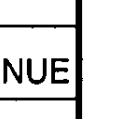
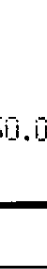


FILED

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	16 JUL -6 AM 8:55 SECRETARY OF STATE ALLIANCE FLORIDA
DOCUMENT # L14000094901			
1. Corporation Name <h2 style="margin: 0;">M E LAZARUS HOLDINGS LLC</h2>		200287642962 07/06/16--01041--005 **750.00 CR2E081 (11/10)	
2. Principal Office Address - No P.O. Box # 11 GRAY ROCK PARK ROAD	3. Mailing Office Address 1688 MERIDIAN AVENUE	4. Date Incorporated or Qualified To Do Business in Florida 06/12/2014	
Suite, Apt. #, etc. 	Suite, Apt. #, etc. SUITE 504	5. FEI Number 47-1096964	
City & State MOUNT KISCO, NY	City & State Miami Beach, FL	Applied For <input type="checkbox"/> Not Applicable	
Zip 10549	Country US	Zip 33139	Country US
7. Name and Address of Current Registered Agent Name IRA FINANCIAL GROUP Street Address (P.O. Box Number is Not Acceptable) 1688 MERIDIAN AVENUE Suite, Apt. #, Etc. Suite 504 City Miami Beach		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> NO \$8.75 Additional Fee required for a Certificate of Status	
Signature of Registered Agent _____ <div style="text-align: center;"></div> REGISTERED AGENT MUST SIGN		Date 6/27/16	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	Michael Lazarus	11 GRAY ROCK PARK ROAD	MOUNT KISCO, NY 10549
<div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg); position: relative;"> REINSTATEMENT 2015-2016 </div>			<div style="transform: rotate(180deg); font-weight: bold;">EXAMINER</div> <div style="transform: rotate(180deg); font-weight: bold;">S. HAWKES</div>
10. E-mail Address: mikelaz@yahoo.com			
(To be used for future annual report notification)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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: 		DATE: 6-27-16	