


FILED

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2016 MAR 15 PM 3:40

TALLAHASSEE, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L14000090314					
1. Limited Liability Company's Name One More Set LLC					
2. Principal Office Address - No P.O. Box # 2201 Collins Avenue Suite, Apt. #, etc. UPH #1 City & State Miami Beach, Florida Zip 33139		3. Mailing Office Address 2201 Collins Avenue Suite, Apt. #, etc. UPH #1 City & State Miami Beach, Florida Zip 33139		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida June 16, 2014 6. FEI Number 47-1128593 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation		State FL		Zip Code 33324	
9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent		Vanessa Lawrence Assistant Secretary		Date 3/15/2016	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
AMBR	Barbara Ann Frankel	2201 Collins Ave, UPH #1		Miami Beach, FL 33139	
REINSTATEMENT					
2015-2016					
11. E-mail Address: seraul61@aol.com (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 605, 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. 817.166, F.S.					
Signature of Authorized Representative/Manager		Barbara Frankel		Date March 15, 2016 Daytime Phone # 973-230-1723	
Typed or printed name of signing Authorized Representative/Manager Barbara Frankel					

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
ONE MORE SET LLC

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