

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L15000112784**

1. Limited Liability Company's Name  
**Lorraine & 64, llc**

500291859365  
11/01/16--01010--017 \*\*238.75

CR2E041 (1/14)

|                                                                                |                       |                                                    |                       |
|--------------------------------------------------------------------------------|-----------------------|----------------------------------------------------|-----------------------|
| 2. Principal Office Address - No P.O. Box #<br><b>1626 ringling blvd suite</b> |                       | 3. Mailing Office Address<br><b>p.o. box 49586</b> |                       |
| Suite, Apt. #, etc.<br><b>suite 500</b>                                        |                       | Suite, Apt. #, etc.                                |                       |
| City & State<br><b>sarasota, fl</b>                                            |                       | City & State<br><b>sarasota, fl.</b>               |                       |
| Zip<br><b>34236</b>                                                            | Country<br><b>usa</b> | Zip<br><b>34230</b>                                | Country<br><b>usa</b> |

|                                                                                                                      |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4. State/Country of Formation<br><b>fl./ usa</b>                                                                     |                                                                                 |
| 5. Date Organized or Qualified To Do Business in Florida<br><b>6/29/15</b>                                           |                                                                                 |
| 6. FEI Number<br><b>47-4452100</b>                                                                                   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status |                                                                                 |

**8. Name and Address of Current Registered Agent**

|                                                                                        |                    |                          |
|----------------------------------------------------------------------------------------|--------------------|--------------------------|
| Name<br><b>david h. rosenberg esq</b>                                                  |                    |                          |
| Street Address (P.O. Box Number is Not Acceptable) Suite,<br><b>1626 ringling blvd</b> |                    |                          |
| Apt. #, Etc.<br><b>suite 500</b>                                                       |                    |                          |
| City<br><b>sarasota</b>                                                                | State<br><b>FL</b> | Zip Code<br><b>34236</b> |

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

Date **10/22/16**

REGISTERED AGENT MUST SIGN

**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    | kathryn kaplan                              | 1626 ringling blvd suite 500                             | sarasota, fl. 34236 |
|        |                                             |                                                          |                     |
|        |                                             |                                                          |                     |
|        |                                             |                                                          |                     |
|        |                                             |                                                          |                     |
|        |                                             |                                                          |                     |

11. E-mail Address: **kathykaplan16@gmail.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Kathryn Kaplan*  
**kathryn kaplan**

Date **10/22/16** Daytime Phone #

**941-544-4572**

*RG-11/2/16*