

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 16 AM 11:05

DOCUMENT # **L96000001088**

1. Limited Liability Company's Name

L.A.M.A. LAND MANAG LC
% S. VAISMAN - MANAGER - TRUSTEE OF F.F.R.T.
13755 OVERSEAS HWY MARATHON
FL. 33050

2. Principal Office Address

13755 Overseas Hwy

Suite, Apt. #, etc.

APT

City & State

MARATHON / FL.

Zip

33050

Country

mauroe

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

mauroe

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

1998-10/11

6. FEI Number

65-0880072

☒ 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

SVEHLANA VAISMAN

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

13755 Overseas Hwy

Suite, Apt. #, Etc.

APT

City

MARATHON FL. 33050

State

FL

Zip Code

33050

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

9/30/00

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
Manager	Svetlana VAISMAN Trustee of F.F.R.T.	13755 Overseas Hwy MARATHON FL. 33050	
Member	DAVID VAISMAN member	6815 Potlwell	RESEDA CA 91363
Manager	MIKE VAISMAN	13755 Overseas Hwy	MARATHON FL. 33050
Member	Elto SUAREZ	13755 OVERS. HWY	MARATHON FL. 33050
	MARVELIS SUAREZ	13755 OVERS HWY	MARATHON FL. 33050

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.

Signature of
Managing Member/Manager

[Signature]

Date

9/30/00

Daytime Phone #

305-289-8009

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)