

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 29 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

900205834403
04/29/11--01016--002 **1071.25

REINSTATEMENT 05-11

DOCUMENT # L96000001339

1. Limited Liability Company's Name

ANGELA DRESKA LIMITED COMPANY

2. Principal Office Address - No P.O. Box #

1191 NORTH LAKEWAY

Suite, Apt. #, etc.

3. Mailing Office Address

1191 NORTH LAKEWAY

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

Zip

33480

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

Dec. 1996

6. FEI Number

65-0734528

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

ANGELA MCCLUSKEY

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

1191 NORTH LAKEWAY

Suite, Apt. #, Etc.

City

PALM BEACH

State

FL

Zip Code

33480

E-mail Address:

MSHEEHAN@LISTSERVICES.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

Angela McCluskey

Date

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|----------------------|
| MEM | ANGELA MCCLUSKEY | 1191 NORTH LAKEWAY | PALM BEACH, FL 33480 |
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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

Angela McCluskey

Date

4/25/2011

Daytime Phone #

203 791 4462

Typed or printed name of signing Managing Member/Manager