

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**  
Dec 13 1999 8:00 am  
Secretary of State

DOCUMENT # **L970000000173**

**1. Limited Liability Company's Name**

**THE ESTABLISHMENT L.C.  
INTERSTATE**

**2. Principal Office Address**

**16720 SENTERRA DR**  
Suite, Apt. #, etc.

**3. Mailing Office Address**

**16720 SENTERRA DR**  
Suite, Apt. #, etc.

**City & State**

**DELRAY BEACH FL**

**City & State**

**DELRAY BEACH FL**

**Zip**

**33484**

**Country**

**PALM BEACH**

**Zip**

**33484**

**Country**

**PALM BEACH**

**4. State/Country of Formation**

**FLORIDA PALM BEACH**

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

**6-27-97**

**6. FEI Number**

**65-0726376**

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

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

**Name**

**MOISHE MANA**

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

**16720 SENTERRA DRIVE**

**Suite, Apt. #, Etc.**

**City**

**DELRAY BEACH**

**State**

**FL**

**Zip Code**

**33484**

**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]*

Date

**11/10/99**

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
<b>MGRM</b>	<b>MOISHE MANA MGRM</b>	<b>16720 SENTERRA DR DELRAY BEACH FL 33484</b>	

**700003081907--5**  
**-12/28/99-01054-007**  
**\*\*\*150.00 \*\*\*150.00**

**REINSTATEMENT**

**1999**

**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

**11/10/99**

Daytime Phone #

**561-391-7737**

Typed or printed name of signing Managing Member/Manager

**MOISHE MANA**