

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

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**DOCUMENT #**

1. Limited Liability Company's Name

**L97-423**

THE PAULA WEISBURST FAMILY, LLC

**REINSTATEMENT 2000**

**2. Principal Office Address**

6713 VERSAILLES CT.

Suite, Apt. #, etc.

**3. Mailing Office Address**

3000 MARCUS AVENUE

Suite, Apt. #, etc.

SUITE - 1W5

City & State

LAKE WORTH, FLORIDA

City & State

LAKE SUCCESS, N.Y.

Zip

33467

Country

USA

Zip

11040

Country

USA

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified**

To Do Business in Florida

4/16/97

**6. FEI Number**

65-0770567

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

PAULA WEISBURST

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

6713 VERSAILLES COURT

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

200003473562-9  
11/21/00 01119 003  
\*\*\*\*150.00 \*\*\*\*150.00

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

*Paula Weisburst*

REGISTERED AGENT MUST SIGN

Date **NOV. 5, 2000**

**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
	PAULA WEISBURST	6713 VERSAILLES COURT	LAKE WORTH, FL. 33467

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

*Paula Weisburst*

Date **NOV. 5, 2000**

Daytime Phone # **561-964-5563**

Typed or printed name of signing Managing Member/Manager

PAULA WEISBURST