

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 OCT 30 PM 11:02

DOCUMENT #

L97-934

1. Limited Liability Company's Name

TWO BUTTONS, L.C.

2. Principal Office Address

930 AUGUSTA POINTE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

111 ROCKLAND CIRCLE

Suite, Apt. #, etc.

City & State

FLA
PALM BEACH GARDENS

City & State

WILMINGTON DE

Zip

33418

Country

~~PALESTINE~~

Zip

19803

Country

~~PALESTINE~~

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8/22 1997

6. FEI Number

63-0775637

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

SYSKO, RYAN

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

930 AUGUSTA POINTE DR

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

REGISTERED AGENT MUST SIGN

Date 10/24/00

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
mem	SYSKO, RYAN A	111 ROCKLAND CIR	WILM DE 19803
mem	SYSKO, SYBILLE K	11310 CONN. AVE	KENSINGTON, MD 20895

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

Date 10/24/00 Daytime Phone # 302 888 3417

Typed or printed name of signing Managing Member/Manager