

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 14 AM 11:05

DOCUMENT # L 9900000095

1. Limited Liability Company's Name

COLLINEX, LLC

2. Principal Office Address

415 1/2 Australian Ave

Suite, Apt. #, etc.

City & State

Palm Beach FL

Zip

33480

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mitchell Schepers

800003478678-2

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

Phillips Point, West 10000

777 S. Flagler Dr.

Suite, Apt. #, Etc.

1102

City

West Palm Beach

State

FL

Zip Code

33401

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 11/6/00

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

Mollicelli, Lisa

415 Australian Ave

Palm Beach FL 33480

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 11-6-00

Daytime Phone #

561-835-3974

Typed or printed name of signing Managing Member/Manager

Lisa A. Mollicelli