

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 19 PM 11:02

DOCUMENT # L99000001631

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

VALHALLA CAPITAL ADVISORS, LLC.

**2. Principal Office Address**

c/o Lee Milich, P.A.

Suite, Apt. #, etc.

100 W. Cypress Creek  
Road, #935

City & State

Ft. Lauderdale, FL

Zip 33309

Country USA

**3. Mailing Office Address**

c/o Lee Milich, P.A.

Suite, Apt. #, etc.

100 W. Cypress Creek  
Road, #935

City & State

Ft. Lauderdale, FL

Zip 33309

Country USA

**4. State/Country of Formation**

Florida

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

3/17/99

**6. FEI Number**

65-0906464

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

LEE MILICH, ESQUIRE

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

100 West Cypress Creek Road

Suite, Apt. #, Etc.

#935

City

Ft. Lauderdale

State

FL

Zip Code

33309

300003454933-4

-11/07/00-01056-019

\*\*\*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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date October 17, 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
MGRM	R. J. Chaimowicz	c/o Lee Milich, P.A. 100 W. Cypress Creek Road Suite 935	Ft. Lauderdale, FL 33309

**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

R. J. Chaimowicz, Managing Member

Date 10/17/00 Daytime Phone # (305) 439-9452

Typed or printed name of signing Managing Member/Manager