

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

02 SEP 10 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****155.00 ****155.00

DOCUMENT # **L 99000002256**

1. Limited Liability Company's Name

Margolis Gral Collins, LLC

2. Principal Office Address

750 Collins Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Miami Bch, FL

Zip

33139 USA

3. Mailing Office Address

6738 W. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 105

City & State

Plantation, FL

Zip

33313 USA

State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

April 19, 1999

6. FEI Number

65-0917682

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Michael A. Gral

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

750 Collins Avenue, Suite 300

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

Date

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
Member	Peter Margolis	6738 W. Sunrise Blvd Suite 105	Plantation, FL 33313
Member	Michael Gral	6738 W. Sunrise Blvd Suite 105	Plantation, FL 33313

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****50.00 ****50.00

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

Daytime Phone #

(954) 641-9696

Typed or printed name of signing Managing Member/Manager

Peter Margolis

CR2E041 (9/01)