

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 99000002918

1. Limited Liability Company's Name

6941888 L.C.

2. Principal Office Address

7860 Peters Rd

Suite, Apt. #, etc.

F-111

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

7860 Peters Rd

Suite, Apt. #, etc.

F-111

City & State

Plantation, FL

Zip

33324

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified

To Do Business in Florida

5/20/1999

6. FEI Number

65-0926153

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

Robert A Levy

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

7860 Peters Rd

Suite, Apt. #, Etc.

F-111

City

Plantation

State

FL

Zip Code

33324

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

Jan 30, 2004

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	Robert A Levy	7860 Peters Rd, F-111	Plantation, FL 33324
mgrm	S. Martin Sadilin	7860 Peters Rd, F-111	Plantation, FL 33324

REINSTATEMENT

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[Signature]

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

Jan 30, 2004

Daytime Phone #

561-999-1860

Typed or printed name of signing Managing Member/Manager

Robert A. Levy

CR2E041 (10/02)