

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L99000003021

1. Limited Liability Company's Name

C & L REALTY INVESTMENTS, LLC

2. Principal Office Address

21 N.W. 2ND STREET

Suite, Apt. #, etc.

3. Mailing Office Address

21 N.W. 2ND STREET

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

05/25/99

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

Zip

33444

Country

USA

6. FEI Number

65-0924526

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

CHERYL ABRAMSON

100027916701

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

21 N.W. 2ND STREET

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33444

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

1/21/04

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
MGR	LISA ALTMANN	3895 N.W. 53RD STREET	BOCA RATON FL 33444
MGR	CHERYL ABRAMSON	2161 DATE PALM ROAD	BOCA RATON FL 33432

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

Cheryl Abramson

Date

1/21/04

Daytime Phone #

(561) 330-8500

Typed or printed name of signing Managing Member/Manager

Cheryl ABRAMSON

CR2041 (10/02)