

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000008540

1. Limited Liability Company's Name

TOWER BRIDGE ANTIQUES INTERNATIONAL LLC

2. Principal Office Address

2350 S.W. 30 Avenue

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

U.S.A.

3. Mailing Office Address

2350 S.W. 30 Avenue

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/07/99

6. FEI Number

980218720

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a Certificate of Status**

FILED
00 NOV 27 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Name

M & W AGENTS, INC.

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

2101 Corporate Boulevard

Suite, Apt. #, Etc.

Suite 107

City

Boca Raton

State

FL

Zip Code

33431

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

Charles M. V.P.
REGISTERED AGENT MUST SIGN

Date **11/15/00**

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
Manager	Cyril Kaufman	2350 S.W. 30 Avenue	Hallandale, FL 33009

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

Cyril Kaufman

Date **11-20-00**

Daytime Phone # **954-454-8001**

Typed or printed name of signing Managing Member/Manager **Cyril Kaufman**

CR2E041 (9/99)