

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 11 PM 1:55

DOCUMENT # M00000000314

1. Limited Liability Company's Name

The Herbert L. and Irma Bloom Family Company, LLC

000117825700  
02/12/08--01013--012 \*\*450.00

000117825700  
03/24/08--01004--021 \*\*621.25

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

161 Pine Glen Drive

3. Mailing Office Address

161 Pine Glen Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

East Greenwich, RI

City & State

East Greenwich, RI

Zip  
02818

Country  
USA

Zip  
02818

Country  
USA

State/Country of Formation  
Rhode Island

5. Date Organized or Qualified  
To Do Business in Florida 2/16/2000

6. FEI Number  
050497958

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  
Herbert L. Bloom

Street Address (P.O. Box Number is Not Acceptable)  
11706-2 Briarwood Circle

Suite, Apt. #, Etc.

City  
Boynton Beach

State  
FL

Zip Code  
33437

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*Herbert L. Bloom*

Date 2/4/08

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
MGRM	Richard Bloom	66 Varnum Drive	Warwick, RI 02818

REINSTATEMENT

02-08

*[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

*Richard Bloom*

Date 2/8/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Richard Bloom