

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 17 PM 2:52

DOCUMENT # M0000000-8312

1. Limited Liability Company's Name

PROVEN METHODS SEMINARS, LLC.

REINSTATEMENT 2002-2003

2. Principal Office Address

2385 EXECUTIVE CENTER DR

Suite, Apt. #, etc.

SUITE 290

City & State

BOCA RATON, FL

Zip

33431

Country

PALM BEACH

3. Mailing Office Address

2385 EXECUTIVE CENTER DR

Suite, Apt. #, etc.

SUITE 290

City & State

BOCA RATON, FL

Zip

33431

Country

PALM BEACH

4. State/Country of Formation

NEVADA / USA

5. Date Organized or Qualified
To Do Business in Florida

11/20/2000

6. FEI Number

36-4215049

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

IRENE MILIN

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

2385 EXECUTIVE CENTER DR

Suite, Apt. #, Etc.

SUITE 290

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

[Signature]

Date

5-8-03

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
	see attached		05/08/03--01079--003 **25.00
		REINSTATEMENT	2002-
			2003

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

5-8-03

Daytime Phone #

961-989-8876

Typed or printed name of signing Managing Member/Manager

IRENE MILIN

CR2E041 (10/02)

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Proven Methods Seminars, LLC
Attachment to Florida Reinstatement

Members of Limited Liability Company

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Phone</u>	<u>Identification Number</u>
Lucky Seven Enterprises, Inc	2385 Executive Center Dr Boca Raton, FL 33431	Member	561-989-8876	36-4265688
IVG Equities, LLC	2385 Executive Center Dr Boca Raton, FL 33431	Member	561-989-8876	65-1158609
March Equities	803 West Avenue Rochester, NY 14611	Member	585-464-0398	16-1575516
Wexford Equities, LLC	714 Stuart Avenue Mamaroneck, NY	Member	914-698-3440	22-383520
Irene Milin	2385 Executive Center Dr Boca Raton, FL 33431	Manager	561-989-8876	325-44-6568
Matt Orlando	803 West Avenue Rochester, NY 14611	Manager	585-464-0398	146-54-4529
Peter Hoppenfeld	32 Elm Place Rye, NY	Manager	917-967-5040	089-48-7010

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