

M03000000172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000000172

1. Limited Liability Company's Name

Theodore Boca Raton LLC

2. Principal Office Address

128 Theodore Place

Suite, Apt. #, etc.

City & State

Thornhill Ontario

Zip

L4J 8E3

Country

Canada

3. Mailing Office Address

128 Theodore Place

Suite, Apt. #, etc.

City & State

Thornhill Ontario

Zip

L4J 8E3

Country

Canada

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

1/16/03

6. FEI Number

98-0389845

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

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

NRAI Services, Inc.

REGISTERED AGENT MUST SIGN

Date

12/20/2004

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
MGR	Michael Mammon	128 Theodore Place	Thornhill, Ontario L4J8E3 Canada
MGR	Anthony Mammon	128 Theodore Place	Thornhill, Ontario L4J8E3 Canada
MGR	Laurence Mammon	128 Theodore Place	Thornhill, Ontario L4J8E3 Canada

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12/20/04 01033 013 **150.00

REINSTATEMENT 2004

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

Date

12/17/04

Daytime Phone#

905-709-4070

Typed or printed name of signing Managing Member/Manager

Michael Mammon, Manager

04 DEC 21 PM 3:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (10/02)