

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 13 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000000989

1. Limited Liability Company's Name

LARIMAR, LLC

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

2800 Weston Road

Suite, Apt. #, etc.

Suite # 202

City & State

Weston, FL

Zip

33331

Country

USA

3. Mailing Office Address

2800 Weston Road

Suite, Apt. #, etc.

Suite # 202

City & State

Weston, FL

Zip

33331

Country

USA

JSS

CR2E041 (1/07)

4. State/Country of Formation
Connecticut

5. Date Organized or Qualified
To Do Business in Florida

3/23/2003

6. FEI Number

06-1503032

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

Ben Shmul

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

2800 Weston Road

Suite, Apt. #, Etc.

Suite # 202

City

Weston

State

FL

Zip Code

33331

☒ 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

REGISTERED AGENT MUST SIGN

Date

9/30/2006

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
Member	Ben Shmul	2800 Weston Road, Suite # 202	Weston, FL 33331
			800097312438
			04/18/07-01014 010 **205.00
			REINSTATEMENT 04-07

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

9/30/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Ben Shmul for LARIMAR LLC