

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

06 DEC 19 AM 10:55

DOCUMENT #

1. Limited Liability Company's Name

Lorin & Son, LLC

MD3000003480

2. Principal Office Address

936 Fairway Drive

Suite, Apt. #, etc.

3. Mailing Office Address

936 Fairway Drive

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip
32792

Country
USA

Zip
32792

Country
USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

56-2392113

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

Christopher T. Hill

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

201 S. Orange Avenue

Suite, Apt. #, Etc.

720

City

Orlando

State
FL

Zip Code
32801

100082649791

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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

Date 12/12/06

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
MR	Gilles Lorin	1233 Park Green Place	Winter Park, FL 32789

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 12/12/06 Daytime Phone # 407 924 9525

Typed or printed name of signing Managing Member/Manager

GILLES LORIN