PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 MAY 15 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
M12000000553
Lori Weiss Investments LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Proskauer Rose LLP		Atlantic Trust, c/o Craig Lambdin	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
2255 Glades Rd., 421A		1177 Avenue of the Americas, 42nd Floor	
City & State		City & State	
Boca Raton, FL		New York, NY	
Zip	Country	Zip	Country
33431	USA	10036-2714	USA

4. State/Country of Formation
Delaware, USA

5. Date Organized or Qualified To Do Business in Florida
01/30/2012

6. FEI Number
45-4531043
☐ 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
Corporate Creations Network, Inc.

Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Road

Suite, Apt. #, Etc.
221E

City	State	Zip Code
Palm Beach Gardens	FL	33410

600260277008
05/15/14--01031--002 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent ~~Jim Perkins, Vice President~~ Date May 13, 2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Atlantic Trust	c/o Craig Lambdin, 1177 Avenue of the Americas, 42nd Fl.	New York, NY 10036
MGR	Lori Weiss	4414 Moorpark Way, Unit 8	Toluca Lake, CA 91603-2478

REINSTATEMENT
2013-2014

11. E-mail Address: clambdin@atlantictrust.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Atlantic Trust by Craig Lambdin Date: 5/5/14 Daytime Phone #: 212-655-7066

Typed or printed name of signing Authorized Representative/Manager: Craig Lambdin on behalf of Atlantic Trust, Manager

MAY 15 2014