

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 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

M12000000555
Randi's Investment LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
c/o Proskauer Rose LLP

Suite, Apt. #, etc.
2255 Glades Rd., 421A

City & State
Boca Raton, FL

Zip Country
33431 USA

3. Mailing Office Address
Atlantic Trust, c/o Craig Lambdin

Suite, Apt. #, etc.
1177 Avenue of the Americas, 42nd Floor

City & State
New York, NY

Zip Country
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
45-4531171

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

200260276962
05/15/14--01031--001 **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	Randi Rosenblatt	2143 Turn Berry Way	Woodstock, MD 21163

REINSTATEMENT

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 5/15/14 Daytime Phone # 212-655-7066

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