

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 MAR -3 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Comic Book Certification Service LLC
M14000001957

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
2400 31st Street S

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

Zip Country
33712 USA

3. Mailing Office Address
836 Lakeview Drive

Suite, Apt. #, etc.

City & State
Sugar Land, TX

Zip Country
77498 USA

4. State/Country of Formation
Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida
03/24/14

6. FEI Number
46-1309524

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
Michael Bornstein

Street Address (P.O. Box Number is Not Acceptable)
2400 31st Street S

Suite, Apt. #, Etc.

City
St. Petersburg

State Zip Code
FL 33712

300295565673
03/03/17--01028--019 **142.50

300295565673
02/14/17--01024--015 **243.75

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

REGISTERED AGENT MUST SIGN

Date 2/9/17

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
CEO	Michael Bornstein	836 Lakeview Drive	Sugar Land, TX 77498

REINSTATEMENT

MAR 03 2017
R. HUNT

11. E-mail Address: mebl964@aol.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

Date

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager

Michael Bornstein

2/9/17 832 544 5750