

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

1998-2002



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 14 PM 1:13

LR
5/29

DOCUMENT # 197000000089

1. Limited Liability Company's Name

Seasons in the Sun Christmas Shoppe, LLC

900005638739--3
-05/30/02--01007--026
****350.00 ****350.00

2. Principal Office Address

7600 N. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33487

Country

Palm Beach

Zip

Country

4. State/Country of Formation

New Jersey

**5. Date Organized or Qualified
To Do Business in Florida**

2/21/97

6. FEI Number

22-3498195

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

John J. McNeill

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

6880 NW 4th Ave

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33487

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/11/02

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
MGRM	John J. McNeill	6880 NW 4th Ave	Boca Raton FL 33487
MGRM	John Fernicela	7 Shaw Ct.	Fairfield, NJ 07004
MGRM	James Kramer	6880 NW 4th Ave	Boca Raton, FL 33487
MGRM	Diane Taormina	4 Martin Place	Fairfield, NJ 07004
REINSTATEMENT			

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**

[Signature]

Date 5/11/02

Daytime Phone # 561-995-7327

Typed or printed name of signing Managing Member/Manager

John J. McNeill

CR2EDM1 (9/01)