

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 20 AM 9:18

DOCUMENT # M99000000195

1. Limited Liability Company's Name

CK ADVISORS, LLC

2. Principal Office Address

13899 Biscayne Blvd

Suite, Apt. #, etc.

142

City & State

MIAMI, FL

Zip

33181

Country

USA

3. Mailing Office Address

13899 Biscayne Blvd

Suite, Apt. #, etc.

142

City & State

MIAMI, FL

Zip

33181

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

2-10-1999

6. FEI Number

58-2420931

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

Andrew E. Kern

300067309409

03/07/06--01021--014 \*\*255.00

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

13899 Biscayne Blvd Suite 142

Suite, Apt. #, Etc.

SUITE 142

City

MIAMI

State

FL

Zip Code

33181

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

Andrew E. Kern

REGISTERED AGENT MUST SIGN

Date 2-15-2006

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
MGR	Andrew E. Kern	13899 Biscayne Blvd SUITE 142	Miami, FL 33181
MGR	Harold N. Chofitz	13899 Biscayne Blvd. SUITE 142	Miami, FL 33181

REINSTATEMENT 04-06

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

Andrew E. Kern

Date 2-15-2006

Daytime Phone # (305) 341-3444

Typed or printed name of signing Managing Member/Manager