

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 JUN 17 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

DOCUMENT # **MA9000001371**

1. Limited Liability Company's Name

Feldman Altamonte LLC

2. Principal Office Address

1701 Lee Road

3. Mailing Office Address

1701 Lee Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, Florida

City & State

Winter Park, Florida

Zip

32789

Country

U.S.A.

Zip

32789

Country

U.S.A.

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

September 1, 1999

6. FEI Number

22-3675789

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

M.D. Carlisle Corp. of Florida

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

800005899138--3

-06/21/02--0100--016

Suite, Apt. #, Etc.

\*\*\*200.00 \*\*\*200.00

1701 Lee Road

City

Winter Park

State  
FL

Zip Code  
32789

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

Richard Lewis

REGISTERED AGENT MUST SIGN

Date

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
Managing Member	Harry Feldman	1701 Lee Road	Winter Park, FL -32789

REINSTATEMENT

2001-2002

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

Harry Feldman

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Harry Feldman

CR2E04: (9/01)