

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

**DOCUMENT #** M99000001779

**1. Limited Liability Company's Name**

Waterford Enterprises, LLC

**REINSTATEMENT** 2000

**2. Principal Office Address**

110 E. Atlantic Avenue

**3. Mailing Office Address**

110 E. Atlantic Avenue

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

U.S.A.

Zip

33444

Country

U.S.A.

**4. State/Country of Formation**

Florida

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

Nov. 12/1999

**6. FEI Number**

65-0945585

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

Steven Garellek

200003459442--2

-11/09/00--01096-019

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

7000 W. Palmetto Park Road

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

200

City

Boca Raton

State

FL

Zip Code

33433

**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

REGISTERED AGENT MUST SIGN

Date

Oct. 26/00

**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	Jeffrey Applebaum	110 E. Atlantic Avenue, 200	Delray Beach, FL 33444
MGRM	William Applebaum	110 E. Atlantic Avenue, #200	Delray Beach, FL 33444

**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

Date

Oct. 25/00

Daytime Phone #

561-278-4227

Typed or printed name of signing Managing Member/Manager

Jeffrey Applebaum

CR2E041 (9/00)