PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 19 PM 1:44

DOCUMENT # P97000097981

1. Corporation Name

LL&L, Inc.

Principal Place of Business / Mailing Address

P.O. Box 4545
West Palm Beach, FL 33402

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1690 S. Congress Ave.
Suite, Apt. #, etc.
Suite 200
City & State
Delray Beach, Florida
Zip
33445
Country
Palm Beach

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 11/17/97

5. FEI Number
Applied For ☐
Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/S/T	Michael Carey	1690 S. Congress Ave. Suite 200	Delray Beach, FL 33445
D/ P	Robert A. Levy	1690 S. Congress Ave. Suite 200	Delray Beach, FL 33445
D/VP	S.Martin Sadkin	1690 S. Congress Ave. Suite 200	Delray Beach, FL 33445

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8. Name and Address of Current Registered Agent

Robert A. Levy
1690 S. Congress Ave. Suite 200
Delray Beach, Fl 33445

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 4/12/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/12/99
Daytime Phone # 561 274 2000 Ext 345

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 206324 12000A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.00 2

ORDER DATE : April 15, 1999

ORDER TIME : 10:23 AM

ORDER NO. : 206324-005

CUSTOMER NO: 12000A

CUSTOMER: Renee Ann Winslow, Legal Asst
Shapiro & Adams, P.a.
Suite 272
2401 Pga Boulevard
Palm Beach Gard, FL 33410

DOMESTIC FILINGS

NAME: LL&L, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS B 4/19/99