

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 30 PM 1:29

1. DOCUMENT # L02000021793

Name and Mailing Address

0015316 01 MB 0.309 \*\*AUTO T7 0 0615 07029-142622



BANYAN GROUP GP, LLC  
422 CLEVELAND AVENUE  
HARRISON NJ 07029-1426

700040646907  
08/30/04--01085--004 \*\*255.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

422 CLEVELAND AVENUE  
HARRISON NJ 07029

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/23/2002

6. FEI Number

45-0486434

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

WELLS, DAVID E  
C/O HUNTON & WILLIAMS  
1111 BRICKELL AVENUE, SUITE 2500  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing  
Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

MGRM Carlos Pinto

195 Windsor Street

Kearny NJ 07032

MGRM Paulo Silva

63-69 Rome Street

Newark NJ 07105

MGRM Jose Pacheco

427 Jersey Street

Harrison NJ 07029

12. 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 REQUIRED**

Date

8/25/04

Daytime Phone #

973 412 0645

Typed or printed name of signing Managing Member/Manager

Carlos Pinto

CR2E034 (7/03)