


LO2000028827

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # LO2000028827			
1. Limited Liability Company's Name AOMINAL CRAFT EQUIPMENT CORPORATION OF FLORIDA, LLC			
2. Principal Office Address 3350 ENTERPRISE AVE SUITE 160 WESTON FLORIDA 33331 USA		3. Mailing Office Address 940 SOUTH OYSTERSHED RD HICKSVILLE, New York 11801 USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 10/29/2002	
6. FBI Number 20-0397730		Applied For <input type="checkbox"/> Not Applied	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional fee required for a Certificate of Status			

FILED
 04 MAY 18 PM 5:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

BK

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE


State: FL Zip Code: 32301

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: Deborah D. Skipper Date: 5/18/04

REGISTERED AGENT MUST SIGN: ASST. V. Pres.

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
PRESIDENT	MATTHEW LOBMAN	940 SOUTH OYSTERSHED RD	HICKSVILLE NY 11801
REINSTATEMENT 2003-2004			BK
			900036566683

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: Matthew Lobman Date: 5/17/04 Daytime Phone #: 516-433-3535

Typed or printed name of signing Managing Member/Manager: _____



L020000028827

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 660522 7408243

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 205.00

ORDER DATE : May 18, 2004

ORDER TIME : 2:54 PM

ORDER NO. : 660522-005

CUSTOMER NO: 7408243

CUSTOMER: Mr. Basil Minickene
Admiral Craft Equipment Corp.
940 South Oyster Bay Road

Hicksville, NY 11801

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ADMIRAL CRAFT EQUIPMENT
CORPORATION OF FLORIDA, LLC

RECEIVED
04 MAY 18 PM 4:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 2956

EXAMINER'S INITIALS _____