

pg. 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

18 AUG 22 AM 9:57

SECRET

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CR2E041 (1/14)

DOCUMENT # L13000064296

1. Limited Liability Company's Name 3401 37TH STREET, LLC

2. Principal Office Address - No P.O. Box # 9131 Queens Blvd

Suite, Apt. #, etc. 512

City & State Elmhurst, NY

Zip Country 11373 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida 05/02/2013

6. FEI Number 46-2676276

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 C T Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

Suite, Apt. #, Etc.

City State Zip Code Plantation FL 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Kristin Bolden Assistant Secretary Date 8/22/2018 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: MGR, Todd Menowitz, 9131 Queens Blvd, Ste 512, Elmhurst NY 11373

11. E-mail Address: todd@menowitz.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Todd Menowitz Date 8/22/2018 Daytime Phone # 516-400-5676

Typed or printed name of signing Authorized Representative/Manager Todd Menowitz

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CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 8/22/2018

Acc#120160000072



Name:	3401 37th Street, LLC
Document #:	
Order #:	11125292

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ 155

Thank you!