

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

01 NOV 28 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000715

1. Limited Liability Company's Name

Massry Florida, L.C.
Bella Vista Mid-Rise N.
20165 N.E. 39th Pl.
Aventura, FL 33180

2. Principal Office Address

3. Mailing Office Address

(SAME AS ABOVE)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 09/14/1995

6. FEI Number

14-785920

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Morris Massry

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

Bella Vista Mid-Rise N.

Suite, Apt. #, Etc.

20165 N.E. 39th Place

City

Aventura

State

FL

Zip Code

33180

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Nov. 23, 2001

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
MGR	Morris Massry	20165 N.E. 39th Pl	Aventura, FL 33180
MGRM	Jack Bibas	17 Landing Creek	Williamsville, NY 14221
MGRM	Michael Bossert	476 Grooms Rd.	Clifton Park, NY 12065

REINSTATEMENT

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

[Signature]
Morris Massry

Date 11/23/01

Daytime Phone # (305) 937-1795

Typed or printed name of signing Managing Member/Manager

Morris Massry

CR2ED41 (9/01)