

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

APR 17 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L98000002383

1. Limited Liability Company's Name

LINCOLN 845 LLC

2. Principal Office Address

275 Madison Avenue

Suite, Apt. #, etc.

702

City & State

New York, New York

Zip

10016

Country

USA

3. Mailing Office Address

c/o Jenel Management

Suite, Apt. #, etc.

702

City & State

same

Zip

SAME

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/23/98

6. FEI Number

22-3616443

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

United Corporate Services, Inc.

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

9200 South Dadeland Boulevard

Suite, Apt. #, Etc.

Suite 508

City

Miami

State

FL

Zip Code

33159

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

REGISTERED AGENT MUST SIGN

Date

4/13/2000

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	8000003214948-8 -04/19/00-01085-004 *****47.50 *****47.50
Managed by Members See Attached List of Members			

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

Date

4/10/2000

Daytime Phone

(212) 889-6405

Typed or printed name of signing Managing Member/Manager

Michael Hirschhorn, managing member

NAME	ADDRESS
Sammy Dushey	c/o Jenel Management Corp. 275 Madison Avenue New York, New York 10016
David Dushey	c/o Jenel Management Corp. 275 Madison Avenue New York, New York 10016
Jack Dushey	c/o Jenel Management Corp. 275 Madison Avenue New York, New York 10016
Abraham Dushey	1903 East 5th Street Brooklyn, New York 11223
Ezra Hamway	1995 East 3rd St. Brooklyn, New York 11223
Michael Hirschhorn	30 Fair Lane Jericho, New York 11753
Alan Mahana	464 Quentin Road Brooklyn, New York 11223
Charles Aug	c/o Garrick Aug Associates Store Leasing, Inc. 4th Floor 360 Lexington Avenue New York, New York 10017
Peter Botsaris	c/o Garrick Aug Associates Store Leasing, Inc. 4th Floor 360 Lexington Avenue New York, New York 10017

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Lincoln 845 LLC 298-2383
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



Walk in



Pick up time

4/14



Certified Copy



Mail out



Will wait



ES/amped
Photocopy



Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
00 APR 14 AM 11:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

Resubmit

April 14, 2000

CAPITOL SERVICES

SUBJECT: LINCOLN 845 LLC
Ref. Number: L98000002383

We have received your document for LINCOLN 845 LLC and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; and \$50 filing fee per year. Please include an additional \$5 for each certified of status requested.

The fee due to reinstate the LLC is \$200.00 plus ^{\$5.00}~~\$8.75~~ for the certificate of status.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 200A00020605

RECEIVED
00 APR 17 AM 11:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA