


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC 14 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # **M02000001072**

1. Limited Liability Company's Name
L & R INDUSTRIES, LLC.

2. Principal Office Address 4401 CAROLWOOD STREET Suite, Apt. #, etc.		3. Mailing Office Address BCRS ASSOC., LLC Suite, Apt. #, etc. 100 WALL ST., 11TH FLOOR	
City & State ORLANDO, FLORIDA		City & State NEW YORK, NY	
Zip 32812	Country ORANGE	Zip 10005	Country

4. State/Country of Formation DE	
5. Date Organized or Qualified To Do Business in Florida 04/26/2002	
6. FEI Number 37-1427478	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name RICHARD ALFIERI	
Street Address (P.O. Box Number is Not Acceptable) 4401 CAROLWOOD STREET	
Suite, Apt. #, Etc.	
City ORLANDO, FLORIDA	State FL
Zip Code 32812	

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 *Richard Alfieri* Date _____

REGISTERED AGENT MUST SIGN

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
MGRM	TRAINER, LARRY F	8 TUCKER RD. BEDFORD CORNERS	BEDFORD CORNERS, NY 10549
MGRM	ALFIERI, RICHARD	4401 CAROLWOOD STREET	ORLANDO, FLORIDA 32812

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 *Richard Alfieri* Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **RICHARD ALFIERI**