

M03000003921  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 FEB 21 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M03000003921

1. Limited Liability Company's Name

Harrison & Shriftman LLC

200088898322

CR2E041 (8/05)

2. Principal Office Address

437 Madison Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10022

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 11/23/03

6. FEI Number

20-0363810

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

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, accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Heather Chapman  
as its agent

Date

2/13/07

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
	See Schedule A attached hereto.		

REINSTATEMENT 2004-2007

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

Deborah E. Zangara

Date

12/29/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Deborah E. Zangara- Manager

MO3000003921

Schedule a to  
Application of Reinstatement by  
Foreign Limited Liability Company  
For Harrison & Shriftman LLC

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TALLAHASSEE, FLORIDA

10. The name and usual street addresses of the managing members or managers are as follows:

Name	Business Address
Thomas L. Harrison	437 Madison Avenue New York, NY 10022
Michael Birkin	437 Madison Avenue New York, NY 10022
Deborah E. Zangara	437 Madison Avenue New York, NY 10022
Elizabeth Harrison	437 Madison Avenue New York, NY 10022
Lara Shriftman	437 Madison Avenue New York, NY 10022





CORPORATION SERVICE COMPANY

# M03000003921

ACCOUNT NO. : 072100000032

REFERENCE : 756791 7470396

AUTHORIZATION :

COST LIMIT : \$ 300.00

FILED  
07 FEB 21 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : February 13, 2007

ORDER TIME : 10:34 AM

ORDER NO. : 756791-005

CUSTOMER NO: 7470396

*PK*

REINSTATEMENT

NAME: HARRISON & SHRIFTMAN LLC

RECEIVED  
07 FEB 21 AM 11:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS \_\_\_\_\_