

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 07, 2005  
Secretary of State**

DOCUMENT# M04000004356

Entity Name: WIN STUFF/GOOD STUFF LLC

**Current Principal Place of Business:**

47-00 33RD ST.  
LONG ISLAND CITY, NY 11101

**New Principal Place of Business:**

**Current Mailing Address:**

47-00 33RD ST.  
LONG ISLAND CITY, NY 11101

**New Mailing Address:**

FEI Number: 20-1126585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LIN, KEN  
5328 MCINTOSH POINT RD  
SANFORD, FL 3773      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEN LIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: SB/CR MANAGEMENT COR, P  
Address: 767 5TH AVE  
City-St-Zip: NYC, NY 10171

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: CONSOLIDATED ROUTE I, NC  
Address: 299 PARK AVE  
City-St-Zip: NYC, NY 10171

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SID BANON

CEO

10/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date