

1071.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2012 MAR 27 PM 2:06

SECRETARY OF STATE PALM HATSESS, FLORIDA

03/27/12--01025--017 **1071.25 100 226 361941

CR2E041 (1/11)

DOCUMENT # M04000004356
1. Limited Liability Company's Name
Winstuff / Good Stuff LLC

2. Principal Office Address - No P.O. Box #
H7-00 33rd ST.
Suite, Apt. #, etc.
City & State
Long Island City, NY
Zip 11101 Country USA
3. Mailing Office Address
H7-00 33rd ST.
Suite, Apt. #, etc.
City & State
Long Island City, NY
Zip 11101 Country USA

4. State/Country of Formation
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number 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
Liz Foss
Street Address (P.O. Box Number is Not Acceptable)
5328 McIntosh Point
Suite, Apt. #, Etc.
City Sanford State FL Zip Code 32773

E-mail Address:
kline@winstuff.com
(To be used for future annual report notices)

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 x Liz Foss REGISTERED AGENT MUST SIGN Date 3-23-12

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	SB/CR Management Corp.	150 E. 58 th ST. 27 th Fl	New York City, NY 10155
MGRM	Consolidated Route Inc.	299 Park Ave.	New York City, N.Y. 10171
MGR	Laura Allen	H7-00 33 rd ST.	Long Island City, N.Y. 11101

REINSTATEMENT
06-12-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Signature of Managing Member/Manager [Signature] Date 3/22/12 Daytime Phone # (718) 937-3333 x 181
Typed or printed name of signing Managing Member/Manager