

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
TALLAHASSEE, FLORIDA

03/27/12--01025--017 **1071.25
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CR2E041 (1/11)

DOCUMENT # *MO4000004356*

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.

3. Mailing Office Address

H7-00 33rd ST.

Suite, Apt. #, etc.

City & State

Long Island City, NY

City & State

Long Island City, N.Y.

Zip

11101

Country

USA

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:

KLIN@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

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

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

Laura Allen

Date

3/22/12

Daytime Phone #

(718) 937-3333 x181

Typed or printed name of signing Managing Member/Manager