

L01000017452

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
04 MAY -5 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000017452**

1. Limited Liability Company's Name

ALBANY LLC

09/10/03 90038 025 \$50.00
000035442930
05/05/04--01016--021 **150.00

2. Principal Office Address

520 BRICKELL KEY DR.

Suite, Apt. #, etc.

0-305

City & State

MIAMI, FL

Zip

33131

Country

U.S.A.

3. Mailing Office Address

520 BRICKELL KEY DR.

Suite, Apt. #, etc.

0-305

City & State

MIAMI, FL

Zip

33131

Country

U.S.A.

4. State/Country of Formation

FLORIDA, USA.

5. Date Organized or Qualified
To Do Business in Florida

10/10/2001

6. FEE Number

Applied for.

☒ 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

FREEMAN, STEPHEN A.

Street Address (P.O. Box Number is Not Acceptable)

520 BRICKELL KEY DR.

Suite, Apt. #, Etc.

0-305

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date **04/29/04**

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
MEM	ALBANY BUSINESS CORP.	520 BRICKELL KEY DR.	MIAMI, FL 33131
A.S.	FREEMAN, STEPHEN A.	520 BRICKELL KEY DR.	MIAMI, FL 33131

REINSTATEMENT

2003-2004

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

Date **4/29/4**

Daytime Phone

(306) 374 3800

Typed or printed name of signing Managing Member/Manager

STEPHEN FREEMAN

CR2041 (10/02)