

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000039876

1. Limited Liability Company's Name

Glacier Florida, LLC

2. Principal Office Address - No P.O. Box #
22 River Terrace

Suite, Apt. #, etc.
27H

City & State
New York, NY

Zip
10282

Country
USA

3. Mailing Office Address
C/O SHSL, 140 Broadway

Suite, Apt. #, etc.
Suite 3100

City & State
New York, NY

Zip
10005

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **05/26/2004**

6. FEI Number
43-2055136

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

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

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	Christopher Melton	22 River Terrace, #27H	New York / NY / 10282
MGR	Cynthia G. Fischer	140 Broadway, Suite 3100	New York / NY / 10005

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 **03/16/07**

Daytime Phone # **212-973-8175**

Typed or printed name of signing Managing Member/Manager

Cynthia G. Fischer

FILED

2007 MAR 26 AM 11:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/07)

**800095249298
03/29/07--01052--021 **150.00**

REINSTATEMENT 05-07