

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 MAR -4 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000085235

**1. Limited Liability Company's Name**

120 Madiera Beach LLC  
c/o HSK CPA PC  
98 Cattermill Rd #297

**2. Principal Office Address - No P.O. Box #**

Suite, Apt. #, etc.

City & State

Great Neck NY

Zip

11021

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

N

Zip

Country

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

11-23-04

**6. FEI Number**

20-1910934

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

La Mendola, Mark

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

6730 Bridlewood Court

Suite, Apt. #, Etc.

City

Boca Raton FL

State

FL

Zip Code

33432

☒ 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

Harlan S Kohn Mark La Mendola

Date 3/1/09

REGISTERED AGENT MUST SIGN

**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
MEMBER	Harlan S Kohn CPA	98 Cattermill Rd	Great Neck NY 11021
MEMBER	Tony Gilbrat, Esq	2801 Shadowridge Dr	Olney MD 20832
<p>700142410987</p> <p>01/29/09--01041--001 **138.75</p> <p><b>REINSTATEMENT - 08-09.</b></p> <p>C.L.</p>			

**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

Harlan S Kohn

Date 3/1/09

Daytime Phone #

576 482 2150

Typed or printed name of signing Managing Member/Manager