

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000415

1. Limited Liability Company's Name

WIENER CORAL LAKE, LLC

2. Principal Office Address

875 Mamaroneck Avenue

Suite, Apt. #, etc.

City & State

Mamaroneck, NY

Zip

10543

Country

USA

3. Mailing Office Address

875 Mamaroneck Avenue

Suite, Apt. #, etc.

City & State

Mamaroneck, NY

Zip

10543

Country

USA

4. State/Country of Formation

Broward

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

1/11/2000

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

Ross H. Manella, P.A.

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

2237 N. Commerce Parkway

Suite, Apt. #, Etc.

Suite 3

City

Weston

State
FL

Zip Code
33326

700004659137-9
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****150.00 ****150.00

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

Ross H. Manella REGISTERED AGENT MUST SIGN

Date October 16, 2001

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	WIENER FAMILY PARTNERSHIP	875 Mamaroneck Avenue	Mamaroneck, NY 10543

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

Ross H. Manella

Date 10/16/01

Daytime Phone # 914 899 8000

Typed or printed name of signing Managing Member/Manager