

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
02 OCT 23 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001493

1. Limited Liability Company's Name
ACH Leasing, LLC

400008517704

10/22/02--01080--001 **150.00

2. Principal Office Address
2300 Palm Beach Lakes Blvd.

3. Mailing Office Address
5280 North Ocean Dr.

Suite, Apt. #, etc.
Ste. 209D

Suite, Apt. #, etc.
Apt. 16C

City & State
West Palm Beach, FL.

City & State
Singer Island, FL.

Zip
33409

Country
USA

Zip
33404

Country
USA

5. Date Organized or Qualified
To Do Business in Florida 2/10/00

6. FEI Number 65-0986749

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
William Doniger

Street Address (P.O. Box Number is Not Acceptable)
5280 North Ocean DR.

Suite, Apt. #, Etc.
Apt. 16C

City
Singer Island

State
FL

Zip Code
33404

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

William Doniger

Date 10/16/02

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
MGRM	Jacoby, Deborah	85 Locust Lane	Upper Saddle River, N.J. 07458
MEM	David Myerson Trust	5280 North Ocean Dr.	Singer Island, FL. 33404
MEM	Platten, Sheryl	35 Cotton St.	Newton, Ma. 02458
MGR	Doniger, William	5280 North Ocean Dr.	Singer Island, FL. 33404

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

William Doniger

Date 10/16/02

Daytime Phone # 561-512-8951

Typed or printed name of signing Managing Member/Manager

William Doniger