

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 24 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 200 000010646

1. Limited Liability Company's Name

Cornickopia, LLC

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

3790 Coventry Lane

Suite, Apt. #, etc.

3. Mailing Office Address

3790 Coventry Lane

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33496

Country

USA

Zip

33496

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/05/2000

6. FEI Number

☒ 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 EUGENE CORNICK

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

3790 Coventry Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

☐ 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 2/19/2009

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
Director	Eugene Cornick	3790 Coventry Lane	Boca Raton, FL 33496
Director	MARTIN CORNICK	158 Lyacraft Rd	New Rochelle, NY 10804
			800144174738 02/23/09--01011--032 **135305

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

2/19/2009

Daytime Phone #

(561) 504-7587

Typed or printed name of signing Managing Member/Manager

Eugene Cornick