

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 29 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/04/07--01035--021 **150.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000004429

1. Limited Liability Company's Name
Donald Huber, LLC

2. Principal Office Address - No P.O. Box # <u>625 Main Street</u>		3. Mailing Office Address <u>866 6th Avenue</u>	
Suite, Apt. #, etc. <u>Suite 27</u>		Suite, Apt. #, etc. <u>6th Floor</u>	
City & State <u>Windermere, FL</u>		City & State <u>New York, NY</u>	
Zip <u>34786</u>	Country <u>USA</u>	Zip <u>10001</u>	Country <u>USA</u>

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business in Florida
3-22-01

6. FEI Number
593715842

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 Stacy Huber

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

Suite, Apt. #, Etc.
Suite 27

City Windermere State FL Zip Code 34786

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.

Signature of Registered Agent [Signature] Date 3-12-07

REGISTERED AGENT MUST SIGN

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.

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
<u>MGR</u>	<u>Donald E. Huber</u>	<u>866 6th Ave 6th Floor</u>	<u>New York, NY 10001</u>

REINSTATEMENT 06-07

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 [Signature] Date 3/12/07 Daytime Phone # 917-312-4222

Typed or printed name of signing Managing Member/Manager Donald E. Huber