

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 13 PM 3:01

DOCUMENT # L01000004918

1. Limited Liability Company's Name

**BINKY BILLIARDS LLC**

400108710654  
08/28/07--01039--010 \*\*400.00

CR2E041 (1/07)

<b>2. Principal Office Address - No P.O. Box #</b> 1085 Morse Boulevard		<b>3. Mailing Office Address</b> <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Singer Island, FL		City & State	
Zip 33404	Country USA	Zip	Country

<b>4. State/Country of Formation</b> FL	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/29/01	
<b>6. EEI Number</b> 65-1138316	Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>		
Name Karen Mizerak		
Street Address (P.O. Box Number is Not Acceptable) 1085 Morse Boulevard		
Suite, Apt. #, Etc.		
City Singer Island	State FL	Zip Code 33404

☐ 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 *Karen Mizerak* Date 8/3/07  
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	Karen Mizerak	1085 Morse Boulevard	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 *Karen Mizerak* Date 8/3/07 Daytime Phone # 561-845-3723

Typed or printed name of signing Managing Member/Manager Karen Mizerak, Mgrm