

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

THE STATE OF FLORIDA
JAMES SMITH
Secretary of State
DIVISION OF CORPORATIONS

L01000008032

02 NOV -8 AM 9:57

11/18

1. DOCUMENT # L01000008032

Name and Mailing Address

0009846 01 FP 0.352 **PRSRT H4 0 0615 32963-264866



N.Y.C. VENTURE, LLC
1566 SHORELANDS DRIVE EAST
VERO BEACH FL 32963-2648



REINSTATEMENT 2002

2. New Mailing Address 5111 N NEBRASKA AVE. City, State, Zip Tampa FL 33603		4. State/Country of Formation FL	
Principal Place of Business 1566 SHORELANDS DRIVE EAST VERO BEACH FL 32963		5. Date Organized or Qualified To Do Business in Florida 05/21/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 010686422 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent DAVIS ACCOUNTING 5111 N. NEBRASKA AVE. TAMPA FL 33603		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 800009896938	
		City 11/08/02--01118--009 **155.00 FL Zip Code	
10. 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 Date 11-4-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Sec	Kenneth Collado	96 W W Fred Ave Yonkers NY	Yonkers NY 10701

REINSTATEMENT 2002

12. 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 11-4-02 Daytime Phone #

Typed or printed name of signing Managing Member/Manager