

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 MAR -3 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008032

1. Limited Liability Company's Name

N.Y.C. VENTURE, LLC

600196585376

03/02/11--01039--001 **521.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 10050 N FLORIDA AVE Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 280018 Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33612	Country	Zip 33682	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 09/25/2009	
6. FEI Number 01-0686422	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name COLLADO, KENNETH			
Street Address (P.O. Box Number is Not Acceptable) 10050 N FLORIDA AVE			
Suite, Apt. #, Etc.			
City TAMPA	State FL	Zip Code 33612	

E-mail Address: kennethcollado@aol.com (To be used for future annual report notices)
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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 [Signature] Date 2-24-11

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
MGR	COLLADO, KENNETH	10050 N FLORIDA AVE	TAMPA, FL 33612

REINSTATEMENT 2009-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager [Signature] Date 2-24-11 Daytime Phone # 917-703-9298

Typed or printed name of signing Managing Member/Manager