

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000011406

1. Entity Name
E & W INVESTMENT, LLC



FILED

2004 NOV -2 PM 3: 54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
1350 AVENUE OF THE AMERICAS, SUITE 1910
NEW YORK, NY 10019

Mailing Address
1350 AVENUE OF THE AMERICAS, SUITE 1910
NEW YORK, NY 10019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262004 REIN-LLC CR2E101 (6/04)

4. FEI Number
65-1124970

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, MARCIA H ESQ.
2255 GLADES ROAD SUITE 419A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
MAEL, JOEL A
1350 AVE OF THE AMERICAS
NEW YORK, NY 10019

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600042400449
11/02/04--01049--019 **50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
FRARY, RICHARD S
1350 AVE OF THE AMERICAS
NEW YORK, NY 10019

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT

04