

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 30 AM 7:59

DOCUMENT # L 01000020578

1. Limited Liability Company's Name

BURLINGTON LLC

500040646845
08/30/04--01085--003 **200.00

2. Principal Office Address

805 Third Avenue

Suite, Apt. #, etc.

7th Floor,

City & State

New York, NY

Zip

10022

Country

U.S.A.

3. Mailing Office Address

509 Madison Ave

Suite, Apt. #, etc.

612

City & State

New York, NY

Zip

10022

Country

U.S.A.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida 11/29/2001

6. FEI Number

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 Corporate Creations Network Inc.

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

991 Fourth Street

Suite, Apt. #, Etc.

#200

City

Miami Beach

State
FL

Zip Code

33139

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

Mr. David Luntz, an attorney,
signing on behalf of RA Frank
Cammarata

Date 8/24/04

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
MEM	ANDERLEA VENTURES SA	805 Third Ave, 7th Fl	New York, NY 100122
		New York, NY 10022	

REINSTATEMENT

03-04
gm

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

Date

8/24/04

Daytime Phone #

(212) 980-0340

Typed or printed name of signing Managing Member/Manager

David Luntz