

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

06 MAR 10 AM 9:04

DOCUMENT # L02-000003322

1. Limited Liability Company's Name

NO EQUAL, LLC

2. Principal Office Address

27 WEST 24th ST

Suite, Apt. #, etc.

SUITE 800-B

City & State

NEW YORK, NY

Zip

10010

Country

USA

3. Mailing Office Address

P.O. BOX 80

Suite, Apt. #, etc.

City & State

NEW VERNON, NJ

Zip

07976

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLA

5. Date Organized or Qualified
To Do Business in Florida

FEB 11, 2002

6. FEI Number

01-0776472

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

JEFFREY MARKS

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

1815 GRIFFIN ROAD

Suite, Apt. #, Etc.

SUITE 200

City

DANIA BEACH

State

FL

Zip Code

33004

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]

REGISTERED AGENT MUST SIGN

Date 3-9-06

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
Pres	VINCE LAGNESE	1455 WASHINGTON BLVD, SUITE 425	STAMFORD, CT 06902
		REINSTATEMENT	04-06
			800069161518 02/31/06 01032 007 **255.00

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

[Signature]

Date

3/1/06

Daytime Phone #

917-602-2685

Printed name of signing Managing Member/Manager

VINCE LAGNESE