

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000024766**

1. Limited Liability Company's Name

BRAINTREE HOLDINGS, LLC

2. Principal Office Address

1850 N.W. 84TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1850 N.W. 84TH AVE

Suite, Apt. #, etc.

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/23/02

City & State

MIAMI, FL

City & State

MIAMI, FL

6. FEI Number

04-3749565

Applied For

Not Applicable

Zip

33126

Country

DADE

Zip

33126

Country

DADE

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RAFAEL VILLOLO

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

1850 N.W. 84TH AVE

Suite, Apt. #, Etc.

800036272648

05/13/04--01065--015 **25.00

City

MIAMI

State

FL

Zip Code

33126

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

6/30/04

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	ARIENE MARK	2060 NINTH AVE	ROCKONKOMA, NY 11779
MGR	GLENN NUSSDORF	2060 NINTH AVE	ROCKONKOMA, NY 11779
MGR	STEPHEN NUSSDORF	2060 NINTH AVE	ROCKONKOMA, NY 11779

REINSTATEMENT

2003-

2004

[Signature]

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

5/5/04

Daytime Phone

(631) 439-2276

Typed or printed name of signing Managing Member/Manager