

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000030456

Name and Mailing Address

03 NOV 13 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015326 01 MB 0.309 **AUTO T7 0 0615 07072-290220



PETRA COMFY, LLC
620 WASHINGTON AVENUE
CARLSTADT NJ 07072-2902



2. New Mailing Address

City, State, Zip

Principal Place of Business

620 WASHINGTON AVENUE
CARLSTADT NJ 07072

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

11/14/2002

6. FEI Number

11-3668254

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

TEPPER, JACOB
2557 NW 63RD STREET
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Jacob Tepper
REQUIRED
REGISTERED AGENT MUST SIGN

300024638153
11/13/03--01047--004 **150.00

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	JACOB TEPPER	2557 NW 63RD ST BADKENSOUND COUNTY CLUB BOCA RATON, FL 33496	BOCA RATON, FL 33496
COO	STEVEN MENDAL	432 EAST 72ND ST APT 24A N.Y., N.Y. 10021	N.Y., N.Y. 10021
PRESIDENT	DEAN TRINDAFELLOS	61 AMSTERDAM DR. FREEHOLD, N.J. 07728	FREEHOLD, N.J. 07728

REINSTATEMENT 03

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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

Jacob Tepper
REQUIRED

Date 11-5-06

Daytime Phone # (24) 507-5884

Typed or printed name of signing Managing Member/Manager