

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 21 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000004473

1. Limited Liability Company's Name

HISTORICAL ANALYTICS, LLC

300157694269
06/24/09--01031--011 **793.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

690 S.W. 1ST CT.

Suite, Apt. #, etc.

2119

City & State

MIAMI, FL

Zip

33130

Country

US

3. Mailing Office Address

118 EAST 60TH ST.

Suite, Apt. #, etc.

APT 5 D

City & State

New York, NY

Zip

10022

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 2005

6. FEI Number

EIN/56 2313371

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

Lawrence F. Michelson, ESQ.

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

1550 MADRUGA AVE # ~~120~~

Suite, Apt. #, Etc.

120

City

Coral Gables

State

FL

Zip Code

33146

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

6/17/09

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	PETER T. TREADWAY	118 EAST 60 TH ST. APT. 5 D	NY, NY 10022

REINSTATEMENT 05-09 AL

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

6/17/09

Daytime Phone #

305-761-4718

Typed or printed name of signing Managing Member/Manager

PETER T. TREADWAY

LAWRENCE F. MICHELSON, P.A.

ATTORNEY AT LAW

1550 MADRUGA AVENUE
SUITE 120
CORAL GABLES, FLORIDA 33146

BOARD CERTIFIED
TAX ATTORNEY

TELEPHONE: (305) 668-0088
TELEFAX: (305) 666-2705

June 20, 2009

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Limited Liability Company Reinstatement
Historical Analytics, LLC
Document Number: L03000004473

To Whom it may concern:

Enclosed herewith is a Limited Liability Company Reinstatement Form for Historical Analytics, LLC. I have enclosed a check in the amount of \$793.75 representing the reinstatement fee of \$100 and the Annual Report Filing Fee of \$138.75 per year for 2005, 2006, 2007, 2008, and 2009. As you can see, we have also checked the box requesting a waiver of the \$100 reinstatement fee due to the fact that the listed registered agent never forwarded any correspondence or reports from the state to Mr. Treadway. He never received anything nor was aware of any filing requirements. If you agree that the reinstatement fee should be waived then please issue a refund check for \$100 payable to my law firm.

Thank you very much.

Very Truly Yours,



Lawrence F. Michelson
LFM/tbm
enclosures