

2006, 2007, 2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

09 SEP -3 PM 9:22

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # L04000033892

1. Limited Liability Company's Name

NATMAX, LLC

200160133128 08/31/09--01055--004 **560.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3737 NW 53rd St Suite, Apt #, etc		3. Mailing Office Address 91 Buttonwood Lane Suite, Apt. #, etc.	
City & State Miami, FL		City & State Freehold, NJ	
Zip 33010	Country USA	Zip 07728	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 6/15/2004	
6. FEI Number 75 3154436	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Bruce J. Cohen			
Street Address (P.O. Box Number is Not Acceptable) 3737 NW 53rd St			
Suite, Apt. #, Etc.			
City Miami	State FL	Zip Code 33010	

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 _____ Date 8/28/09

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
MGRM	Bruce J. Cohen	91 Buttonwood Ln	Freehold, NJ 07728
MGRM	Larry N. Cohen	10481 Milburn Lane	Boca Raton, FL 33498
L. SELLERS			
SEP -4 2009			
EXAMINER			
REINSTATEMENT 06/09			

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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 8/28/09 Daytime Phone # 732.614.8526

Typed or printed name of signing Managing Member/Manager _____