

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/16/09--01006--015 \*\*282.50  
CR2E041 (10/08)

DOCUMENT # L04000042637

1. Limited Liability Company's Name

P&M DEVELOPERS LLC

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

4 PARKDALE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

4 PARKDALE DRIVE

Suite, Apt. #, etc.

City & State

NORTH BABYLON, NEW YORK

City & State

NORTH BABYLON, NEW YORK

Zip

11703-3306

Country

USA

Zip

11703-3306

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 6/7/2004

6. FEI Number

20-1213781

☐ 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

JOSHUA STEIN

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

1210 NW 11TH AVENUE

Suite, Apt. #, Etc.

APT # 2

City

GAINESVILLE

State

FL

Zip Code

32601

☒ 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

REGISTERED AGENT MUST SIGN

Date

10/27/09

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
MGRM	PETER STERLING	11 RAEBURN COURT	BABYLON, NY 11702
MGRM	MICHAEL ASFOUR	10 RED MAPLE LANE	DIX HILLS, NY 11746

REINSTATEMENT

08-09

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

11-11-09

Daytime Phone #

✓ 631-226-7500

Typed or printed name of signing Managing Member/Manager PETER STERLING