

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000055286

1. Limited Liability Company's Name

C CENTER 70, LLC

BK

05

2. Principal Office Address - No P.O. Box #
1111 THIRD AVENUE WEST

3. Mailing Office Address
1111 THIRD AVENUE WEST

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.
SUITE 300

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34205

Country
USA

Zip
34205

Country
USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida **07/26/2004**

6. FEI Number
20-1423277

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
DAVID K. DEITRICH

Street Address (P.O. Box Number is Not Acceptable)
1111 THIRD AVENUE WEST

Suite, Apt. #, Etc.
SUITE 300

City
BRADENTON

State
FL

Zip Code
34205

☐ 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

8-1-07

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	Gary Munch	16 E. 94th St	New York, NY 10128

REINSTATEMENT 2005-2007

BK

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

July 30, 2007

Daytime Phone# **(212) 722-2429**

Typed or printed name of signing Managing Member/Manager **Gary Munch**



CORPORATION SERVICE COMPANY

LU 4000055286

RECEIVED

07 AUG -1 PM 12:46

FILED
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 036275 81413A

AUTHORIZATION :

Signature

COST LIMIT : \$ 255.00

ORDER DATE : August 1, 2007

ORDER TIME : 12:06 PM

ORDER NO. : 036275-005

BK

CUSTOMER NO: 81413A

FILED
07 AUG -1 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: C CENTER 70, LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS _____