


# L04000060761

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		07 MAR 21 PM 12:41	
<b>DOCUMENT #</b> L04000060761 <i>nyk</i>				03/22/07--01001--010 **155.00 500094467955 CR2E041 (1/07)	
<b>1. Limited Liability Company's Name</b> GIRARDI & HICKEY LLC <i>05</i>					
<b>2. Principal Office Address - No P.O. Box #</b> 75 JACKSON AVENUE Suite, Apt. #, etc. 206 City & State SYOSSET N.Y. Zip 11791 Country USA		<b>3. Mailing Office Address</b> Same Suite, Apt. #, etc. City & State Zip Country		<b>4. State/Country of Formation</b> FLORIDA / BROWARD	
				<b>5. Date Organized or Qualified To Do Business in Florida</b> 8-17-2004	
				<b>6. FEI Number</b> 20-1504983 <b>Applied For</b> Not Applicable	
				<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b> Name Geoffrey S. Mombach, Esq. Street Address (P.O. Box Number is Not Acceptable) 500 East Broward Blvd., Suite 1950 Suite, Apt. #, Etc. c/o Mombach, Boyle & Hardin, P.A. City Fort Lauderdale State FL Zip Code 33394				<input checked="" type="checkbox"/> 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.	
<b>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.</b> Signature of Registered Agent <i>Geoffrey Mombach</i> Date 3/21/07 REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	ALFRED GIRARDI	75 JACKSON AVE SYOSSET N.Y.		SYOSSET N.Y. 11791	
<b>REINSTATEMENT 2005-2007</b>					
<b>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.</b>					
Signature of Managing Member/Manager <i>Alfred Girardi</i>		Date 3/20/07		Daytime Phone # 516 921 5050	
Typed or printed name of signing Managing Member/Manager		ALFRED GIRARDI			