

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 NOV 14 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11/14/07--01022--016 \*\*155.00

DOCUMENT # L04000087180

1. Limited Liability Company's Name

1502 Holdings LLC

CR2E041 (1/07)

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

2039 SE 10th Ave

3. Mailing Office Address

270 West Main St

Suite, Apt. #, etc.

# 502

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Sayville NY

Zip

33316

Country

USA

Zip

11782

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/2/04

6. FEI Number

20-4965092

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

Edward Lake

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

2039 SE 10th Ave

Suite, Apt. #, Etc.

# 502

City

Ft Lauderdale

State

FL

Zip Code

33316

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

Edward Lake  
REGISTERED AGENT MUST SIGN

Date

11/12/07

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
MGR / MGRM	Edward Lake	2039 SE 10th Ave #502	Ft. Lauderdale FL 33316

**REINSTATEMENT** 06/07

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

Edward Lake

Date

11/12/07

Daytime Phone #

631-365-9077

Typed or printed name of signing Managing Member/Manager

Edward Lake