

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 19 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000089573

1. Limited Liability Company's Name

Greencat, LLC

2. Principal Office Address - No P.O. Box #
132 Via Mariposa

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip
33418

Country
USA

3. Mailing Office Address
132 Via Mariposa

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip
33418

Country
USA

4. State/Country of Formation
Palm Beach County, Florida

5. Date Organized or Qualified
To Do Business in Florida 12/13/2004

6. FEI Number

☒ 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
Andrew D. Greenberg

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

Suite, Apt. #, Etc.

City
Palm Beach Gardens,

State
FL

Zip Code
33418

☐ 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

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	Andrew D. Greenberg	132 Via Mariposa	Palm Beach Gardens, FL 33418
MGRM	Michael Catalano	8899 Beverly Blvd.	Los Angeles, Cal 90048

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03/22/07--01012--008 **250.00

REINSTATEMENT 05-07

11. I certify that I am managing member/manager of 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 3/13/07

Daytime Phone # 561 596 0835

Typed or printed name of signing Managing Member/Manager Andrew D. Greenberg