

Jan. 5. 2006 4:32PM ATLANTIC ONE@ THE POINT OF AVENT

No. 8969 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.w

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 10:54

DOCUMENT # L04000091267

1. Limited Liability Company's Name

SQUIRT PROPERTIES LLC

200066208902

02/20/06--01059--009 **205.00

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
20191 EAST COUNTRY CLUB DRIVE 54		39 DEL PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State AVENTURA, FLORIDA		City & State HAUPPAUGE, NEW YORK	
Zip 33180	Country USA	Zip 11788	Country USA
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 12/16/2004	
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 FREDERICK J. MEYER	
Street Address (P.O. Box Number is Not Acceptable) 20191 EAST COUNTRY CLUB DRIVE 54	
Suite, Apt. #, Etc.	
City AVENTURA	State FL
	Zip Code 33180-3012

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

Fred Meyer

Date

1/9/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Position	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	FREDERICK J. MEYER	39 DEL PLACE	HAUPPAUGE, NY 11788

REINSTATEMENT 05-06

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 608.405, 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

Fred Meyer

Date

1/9/06

Daytime Phone #

631-348-0700

Typed or printed name of signing Managing Member/Manager

FREDERICK J. MEYER