

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 FEB 17 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO500039631

1. Limited Liability Company's Name

101 West Seminale, LLC

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

44 Hawthorn Dr

Suite, Apt. #, etc.

City & State

Edison NJ

Zip

08820

Country

USA

3. Mailing Office Address

44 Hawthorn Dr

Suite, Apt. #, etc.

City & State

Edison NJ

Zip

08820

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

4/20/05

6. FEI Number

90-2953394

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

Deborah J Coury

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

4304 SE Hopetown Terr

Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

800295530238
02/17/17--01025--013 **1235.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/17/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Ms	Deborah J Coury	44 Hawthorn Dr	Edison NJ 08820
Mr	Richard P Coury	10 Tudor Ave	Pine Beach, NJ 08820

S. YOUNG
FEB 20 2017

11. E-mail Address:

DC4655@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

2/17/17

Daytime Phone #

908-930-7195

Typed or printed name of signing authorized representative/member

Deborah Coury