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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 OCT 23 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

**1.** Limited Liability Company's Name

L05000043041

CR2E041 (1/07).

| **2.** Principal Office Address - No P.O. Box # | **3.** Mailing Office Address |
|---|---|
| 2 Edgemarth Hill Road | same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Westport, CT | City & State |
| Zip: 06880 Country: USA | Zip Country |

**4.** State/Country of Formation: Florida

**5.** Date Organized or Qualified To Do Business In Florida: 05/02/2005

**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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☐ 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: Doreen Wallace Doreen Wallace Assistant Vice President Date: 10/17/07

REGISTERED AGENT MUST SIGN

**10.** Name and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | Michael Hermus | 2 Edgemarth Hill Road | Westport, CT 06880 |
| MGR | Vincent Tullo | 8 Deanna Court | Dix Hills, NY 11746 |
| | | | |
| | | | |
| | | | |
| | | | |

**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: Michael Hermus Date: 10/17/07 Daytime Phone #: 203-227-9976

Typed or printed name of signing Managing Member/Manager: Michael Hermus

Elk Christu & Bakst, LLP
ATTORNEYS AT LAW

Sanctuary Centre
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4800 North Federal Highway
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561.394.3699 Facsimile
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Boca Raton
West Palm Beach

**Teresa L. Norvell, Paralegal**
Direct Dial: (561) 864-3214
Email: tnorvell@ebcblaw.com

October 18, 2007

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement Form for Su-Lin Investments, LLC
Document No. L05000043041

Dear Sir/Madam:

Enclosed herewith, please find the following:

1. Check No. 35642 in the amount of $200 representing the reinstatement fee and two years of Annual Report fees; and
2. Reinstatement form in counterparts with original signature of Manager, Michael Hermus with a copy of the form containing Registered Agent signature in block 9 (Florida law does not require the original signature of the Registered Agent to be affixed to the form).

Should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

**ELK CHRISTU & BAKST, LLP**

By: _____
Teresa L. Norvell, Paralegal

TLN:smm
Enclosures
cc: Michael Hermus
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