

# L05000080696

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L05000080696**

1. Limited Liability Company's Name

**219-10 137<sup>th</sup> Rd. Realty LLC**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 OCT 29 AM 10:05

CR2E041 (05/10)

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

**155-44 Southwest 99 Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**1705 Church Ave**

Suite, Apt. #, etc.

**204**

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**08/16/2005**

6. FEI Number

**20-3423595**

☐ 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

**Pauline Johnson**

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

**155-44 Southwest 99 Ave**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33151**

**000187222070**  
10/29/10--01004--016 \*\*793.75

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

**Pauline Johnson**

Date

**10/19/10**

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
MEM	Michael Johnson	441 Rhodes Lane	West Hempstead NY 11552
MEM	Althea Johnson	219-10 137 <sup>th</sup> Road	Springfield Gardens NY 11413

**REINSTATEMENT**

**06-10**

11. E-mail Address: **Speedysat@yahoo.com**

(To be used for future annual report notifications)

12. 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 A. Johnson**

Date **10/19/10**

Daytime Phone #

**516-384-0315**

Typed or printed name of signing Managing Member/Manager

**MICHAEL A. JOHNSON**