

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 2:20

CR2E041 (12/07)

DOCUMENT # LO5 0000 81135

1. Limited Liability Company's Name

Urbancik Properties, L.L.C.

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

31 Cygnet Drive

Suite, Apt. #, etc.

3. Mailing Office Address

31 Cygnet Drive

Suite, Apt. #, etc.

City & State

Smithtown, N.Y.

City & State

Smithtown, N.Y.

Zip

11787

Country

USA

Zip

11787

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/15/2005

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

Scott Boden

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

245 Country Circle Dr. W.

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32128

☒ 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

[Signature]

6/11/08

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	John Urbancik	31 Cygnet Drive	Smithtown, NY 11787
MGR	Ann Picone	10 Metzer Road	Lake Ronkonkoma NY 11779
			500131675695 06/25/08--01019--001 **416.25
			500131675695 06/25/08--01019--002 **5.00

REINSTATEMENT 06-08

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., 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

John Urbancik

Date

5/12/08

Daytime Phone #

(631) 656-9354

Typed or printed name of signing Managing Member/Manager

John Urbancik