# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 JUN 27 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000097221

1. Entity Name
BENEFICIAL ENTERPRISES OF FLORIDA, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 352 GRANT AVENUE<br>WOODMERE, NY 11598 | 352 GRANT AVENUE<br>WOODMERE, NY 11598 |

05222008 REIN-LLC CR2E101 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number
54-2183913
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MCPHARLIN, WILLIAM J<br>3015 NORTH OCEAN BLVD SUITE 122<br>FORT LAUDERDALE, FL 33308 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $377.50**

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>KRIGSMAN, ARNOLD<br>352 GRANT AVENUE<br>WOODMERE, NY 11598 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>MISIKOFF, STANLEY<br>10 GEOFFREY LANE<br>HEWLETT, NY 11557 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>600132027616<br>07/01/08--01006--007 **377.50 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DEITZ, JAY<br>228 EAST ROCKAWAY ROAD<br>HEWLETT, NY 11557 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>OLYMPIOS, JAMES<br>19333 COLLINS AVENUE<br>SUNNY ISLES BEACH, FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>REINSTATEMENT<br>07,08 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** _____ 5/27/08 516.374.9542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #