

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN 26 PM 12:52

DOCUMENT # L05000098449

1. Limited Liability Company's Name

ULITSKY PROPERTIES LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100165748561  
01/11/10--01052--002 \*\*138.75

CR2E041 (10/09)

2. Principal Office Address - No P.O. Box # 908 NORTHEAST 4TH AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 908 NORTHEAST 4TH AVENUE Suite, Apt. #, etc.		4. State/Country of Formation FL	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL		5. Date Organized or Qualified To Do Business in Florida 10/05/2005	
Zip 33304	Country USA	Zip 33304	Country USA	6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

\$5.00 Additional Fee  
required for a  
Certificate of Status

8. Name and Address of Current Registered Agent		
Name ALEX ULITSKY		
Street Address (P.O. Box Number is Not Acceptable) 908 NORTHEAST 4TH AVENUE		
Suite, Apt. #, Etc.		
City FT. LAUDERDALE	State FL	Zip Code 33304

☒ 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 recieved and requesting the \$100 reinstatement fee be waived.

100165748561  
01/22/10--01016--020 \*\*277.50

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 \_\_\_\_\_ 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
MM	ALEX ULITSKY	908 NORTHEAST 4TH AVENUE	FT. LAUDERDALE, FL 33304
	L. SELLERS		
	JAN 27 2010		
	EXAMINER		
	REINSTATEMENT		2008-10

11. E-mail Address: BYND@SL@AOL.COM  
(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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 Aty M Date 1/27/2010 Daytime Phone # 954 937 8231

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_