

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 FEB 14 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000113026

1. Limited Liability Company's Name

Rygarb Holdings LLC

CR2E041 (12/07)

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

128 Amara Ave

Suite, Apt. #, etc.

3. Mailing Office Address

36 Jagger Ct.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Melville NY

Zip

34285

Country

USA

Zip

11747

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

11/22/05

6. FEI Number

51-0560452

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

Felix Berensteyn

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

128 Amara Ave

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

☒ 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

Felix Berensteyn

Date

2/13/08

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	Felix Berensteyn	36 Jagger Ct.	Melville, NY 11747
MGRM	Lenny Bernstein	106 Wilmingtn Dr.	Melville, NY 11747

REINSTATEMENT

06-08

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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

Felix Berensteyn

Date

2/13

Daytime Phone #

212-354-5213

Typed or printed name of signing Managing Member/Manager

Felix Berensteyn