

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUN 12 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000122247

1. Limited Liability Company's Name

Binder & Binder - The National Social Security
Disability Advocates (FL), LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 4511 North Himes Avenue Suite, Apt. #, etc. -160-		3. Mailing Office Address 4511 North Himes Avenue Suite, Apt. #, etc. 160	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33614	Country US	Zip 33614	Country US

4. State/Country of Formation FL, US	
5. Date Organized or Qualified To Do Business in Florida 12/23/2005	
6. FEI Number 41-2191455	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Melissa Miller

Street Address (P.O. Box Number is Not Acceptable)
4511 North Himes Avenue

Suite, Apt. #, Etc.
160

City Tampa	State FL	Zip Code 33614
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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 Melissa Miller Date 5/19/08
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	Harry Binder	300 Rabro Drive	Hauppauge, NY 11788

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06/03/08 01025 007 #116.25

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. 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 Pamela Kamper, Controller Date 5/27/08 Daytime Phone # 631-361-6699
Typed or printed name of signing Managing Member/Manager Pamela Kamper