

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 OCT 17 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # LO6-16603

1. Limited Liability Company's Name

1409 LLC

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

440 W. 15th Street

Suite, Apt. #, etc.

3. Mailing Office Address

440 W. 15th Street

Suite, Apt. #, etc.

City & State

New York, NY

City & State

New York, NY

Zip

10011

Country

USA

Zip

10011

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Florida

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

Gary Kline

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

6828 Queensferry Circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

E-mail Address:

600212899666

10/04/11--01025--006 **238.75

sue@fnpllc.com

(To be used for future annual report notices)

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 **7/27/11**

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 |
|-------------|--------------------------------------|---|---------------------------|
| NGRM | Estate of Donald Kline | 440 W. 15th Street | New York, NY 10011 |
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REINSTATEMENT 10-11

600212899666

10/18/11--01018--001 **138.75

OK 10-18-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date **7/27/11**

Daytime Phone # **212-627-4056**

Typed or printed name of signing Managing Member/Manager **Gary R. Kline, Trustee of the Estate of Donald Kline**