

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000071262 1. Entity Name PETRILLO FAMILY SIX, LLC	
---	---

FILED
08 JUL -7 AM 9: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O YONKERS CONTRACTING COMPANY, INC. 969 MIDLAND AVENUE YONKERS, NY 10704	Mailing Address C/O YONKERS CONTRACTING COMPANY, INC. 969 MIDLAND AVENUE YONKERS, NY 10704
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

06192008 REIN-LLC CR2E101 (1/07)

City & State Zip Country	City & State Zip Country
-----------------------------	-----------------------------

4. FEI Number 80-0203508	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	BYC
---	-----

7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable)	
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 Joyce L. Markley **Joyce L. Markley as its agent** 7/7/08
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
------------------------------------	--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER <input type="checkbox"/> Delete CARL E. PETRILLO 969 MIDLAND AVENUE YONKERS, NY 10704
MEMBER <input type="checkbox"/> Delete GREGORY J. PETRILLO 969 MIDLAND AVENUE YONKERS, NY 10704	MEMBER <input type="checkbox"/> Delete MATTHEW J. PETRILLO 969 MIDLAND AVENUE YONKERS, NY 10704
MEMBER <input type="checkbox"/> Delete	MEMBER <input type="checkbox"/> Delete
MEMBER <input type="checkbox"/> Delete	MEMBER <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400132946614 07/15/08--01025--016 **277.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2007-2008

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: Carl E. Petrillo 06/23/08 914-965-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #