

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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|--|---------|--|---------|--|--|--|--|
| 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 | | City & State | | 4. FEI Number 80-0203508 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 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 | | | | 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE <i>Joyce L. Markley</i> <small>Signature/typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Joyce L. Markley as its agent </div> <div style="width: 20%; text-align: right;"> 7/7/08 <small>DATE</small> </div> </div> | | | | | | | |
| 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 | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE MEMBER <input type="checkbox"/> Delete NAME CARL E. PETRILLO STREET ADDRESS 969 MIDLAND AVENUE CITY-ST-ZIP YONKERS, NY 10704 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 400132946614 STREET ADDRESS 07/15/08--01025--016 CITY-ST-ZIP **277.50 | | | |
| TITLE MEMBER <input type="checkbox"/> Delete NAME GREGORY J. PETRILLO STREET ADDRESS 969 MIDLAND AVENUE CITY-ST-ZIP YONKERS, NY 10704 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE MEMBER <input type="checkbox"/> Delete NAME MATTHEW J. PETRILLO STREET ADDRESS 969 MIDLAND AVENUE CITY-ST-ZIP YONKERS, NY 10704 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| 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: <i>Carl E. Petrillo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | 06/23/08 | | 914-965-1500 | |

REINSTATEMENT

2007-2008