

LO70000048560

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 JUL 10 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300158373853

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO70000048560**

1. Limited Liability Company's Name

CF PENTHOUSE, LLC

08

BK

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

404 5TH AVENUE

Suite, Apt. #, etc.

4TH FLOOR

City & State

NEW YORK, NY

Zip

10018

Country

USA

3. Mailing Office Address

404 5TH AVENUE

Suite, Apt. #, etc.

4TH FLOOR

City & State

NEW YORK, NY

Zip

10018

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/08/07

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

JUDA CHETRIT

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

3200 STIRLING ROAD

Suite, Apt. #, Etc.

City

HOUSTON

State

TX

Zip Code

77021

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7/7/09**

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
Managing Partner	Juda Chetrit	404 5TH AVE 4TH FLOOR	NY NY 10018

REINSTATEMENT 2008-2009

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

[Signature]

Date **7/7/09**

Daytime Phone # **646-354-7822**

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

LO70000048560

ACCOUNT NO. : I20000000195

REFERENCE : 061778 7441835

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : July 9, 2009

ORDER TIME : 2:27 PM

ORDER NO. : 061778-005

CUSTOMER NO: 7441835

FILED
09 JUL 10 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CF PENTHOUSE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS

BK

RECEIVED
09 JUL 10 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA