

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000049201**

1. Limited Liability Company's Name

THE ELIZABETH NEW YORK, LLC

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

632 15th St

3. Mailing Office Address

same

Suite, Apt. #, etc.

@201

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip

33139

Country

Miami Dade

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/8/2007

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

RICHARD KROOP, ESQ. KROOP & SCHEINBERG PA

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

800 West Ave # C-1

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date

Nov 1, 2010

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
MGR	BRIAN SCHAEFFLER	632 15th Street	MIAMI BEACH FL *****
			33139
			J. SAULSBERRY EXAMINER
			NOV 4 2010

11. E-mail Address: **kroopsch@aol.com**

(To be used for future annual report notifications)

12. 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

Brian Schaeffler

Date

11/1/10

Daytime Phone #

917-533-8776

Typed or printed name of signing Managing Member/Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

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FILED