

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV -3 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000101441

1. Limited Liability Company's Name

Nikko Bird Cage, LLC

000162080500
10/23/09--01040--013 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
1600 Bay Street SE

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

Zip
33708

Country
USA

3. Mailing Office Address
PO Box 1910

Suite, Apt. #, etc.

City & State
New York, NY

Zip
10013

Country
USA

4. State/Country of Formation
Florida/Pinellas

**5. Date Organized or Qualified
To Do Business in Florida** 10/05/2007

6. FFI Number
27-1136256

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
Eric Deutsch

Street Address (P.O. Box Number is Not Acceptable)
1600 Bay Street SE

Suite, Apt. # Etc.

City
St. Petersburg

State
FL

Zip Code
33708

☐ 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**

REGISTERED AGENT MUST SIGN

Date 10/19/09

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
MGRM	Eric Deutsch	1600 Bay Street SE	St. Petersburg, FL 33708

REINSTATEMENT-08-09

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**

Date 10/19/09

Daytime Phone # 646.221.9598

Typed or printed name of signing Managing Member/Manager Eric A. Deutsch