

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 DEC -5 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO8000077011**

1. Limited Liability Company's Name

**CNE Realty Associates LLC**

CR2E041 (1/11)

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

**60 Cutter Mill Road**

Suite, Apt. #, etc.

**Suite 303**

City & State

**Great Neck, NY**

Zip

**11021**

Country

**USA**

3. Mailing Office Address

**60 Cutter Mill Road**

Suite, Apt. #, etc.

**Suite 303**

City & State

**Great Neck, NY**

Zip

**11021**

Country

**USA**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**08/12/2008**

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

**United Corporate Services, Inc.**

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

**9200 South Dadeland Boulevard**

Suite, Apt. #, Etc.

**Suite 508**

City

**Miami**

State

**FL**

Zip Code

**33156**

E-mail Address:

**400242472604**  
**12/06/12--01001--001 \*\*685.00**

**CRose77@aol.com**

(To be used for future annual report notices)

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

*Robert J. Greenley - VICE PRESIDENT*

Date

**12/4/2012**

REGISTERED AGENT MUST SIGN

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	<b>Simeon Brinberg</b>	<b>60 Cutter Mill Road, Suite 303</b>	<b>Great Neck, New York 11021</b>
MGR	<b>Charles Rose</b>	<b>4531 Den Haag Road</b>	<b>Warrenton, Virginia 20187</b>
MGR	<b>Elizabeth Rose</b>	<b>2118 Shadow Park Drive</b>	<b>Katy, Texas 77494</b>

JB

**REINSTATEMENT 2009-12**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Simeon Brinberg*

Date **12/3/2012**

Daytime Phone # **516 466 3100**

Typed or printed name of signing Managing Member/Manager

**Simeon Brinberg**

CORPDiRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 12/05/2012

REF. #: 001495.177103

CORP. NAME: CNE REALTY ASSOCIATES LLC

FILED  
2012 DEC -5 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC -5 PM 2:55  
RECEIVED  
DEPARTMENT OF STATE  
CORPORATION  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input checked="" type="checkbox"/> REINSTATEMENT    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 102282 FOR \$ 685.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials