

LO9000008083

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000363
Phone : (212) 431-5000
Fax Number : (212) 431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
LUCKY ALBACORE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

J. SAULSBERRY
EXAMINER

JUN 22 2011

Electronic Filing Menu

Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000008083

1. Limited Liability Company's Name

LUCKY ALBACORE, LLC

FILED
2011 JUN 21 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (7/11)

2. Principal Office Address - No P.O. Box # 1675 York Avenue		3. Mailing Office Address 1675 York Avenue	
Suite, Apt. #, etc. Suite 3D		Suite, Apt. #, etc. Suite 3D	
City & State New York, N.Y.		City & State New York, N.Y.	
Zip 10128	Country	Zip 10128	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.			
Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVE.			
Suite, Apt. #, Etc.			
City TALLAHASSEE	State FL	Zip Code 32301	

E-mail Address:

(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

Date June 20, 2011

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	Barbara Sontag	1675 York Avenue	New York, N.Y. 10128

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

Date 6/20/11

Daytime Phone # 212-831-7630

Typed or printed name of signing Managing Member/Manager

Barbara Sontag