L09000109666

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 12 PM 12:52

CR2E041 (05/10)

DOCUMENT # L09000109666

1. Limited Liability Company's Name

KLOPER FAMILY LLC

10 MK

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
802 SIXTH AVE. #65	802 SIXTH AVE. #65
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10001 Country: US	Zip: 10001 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/13/2009

6. FEI Number: 27-1346700 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

000187691410

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: Matthew Young Asst. V. Pres. Date: 11/10/10

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	STEPHEN KLOPER	802 SIXTH AVE. #65	NEW YORK, NY 10001
	REINSTATEMENT 2010		

11. E-mail Address: (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: Stephen Kloper Date: 11/8/10 Daytime Phone #: 914-241-2244

CSC.
CORPORATION SERVICE COMPANY

L09000109666

ACCOUNT NO. : I20000000195

REFERENCE : 574336 7735848

AUTHORIZATION : Lynn Coleman

COST LIMIT : $

ORDER DATE : November 11, 2010

ORDER TIME : 8:07 AM

ORDER NO. : 574336-005

CUSTOMER NO: 7735848

RECEIVED
10 NOV 12 AM 10:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: KLOPER FAMILY LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext# 2962

EXAMINER'S INITIALS MK

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