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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 JAN -5 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L13000016772

1. Limited Liability Company's Name
7404 ISLE DRIVE, LLC

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

1367 Ivy Road

Suite, Apt. #, etc.

3. Mailing Office Address

1367 Ivy Road

Suite, Apt. #, etc.

City & State

Mohegan Lake, NY

City & State

Mohegan Lake, NY

Zip

10547

Country

USA

Zip

10547

Country

USA

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/01/2013

6. FEI Number

46-1939327

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

700280645777

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Courtney Williams

REGISTERED AGENT MUST SIGN

Asst. Vice President

Date 01.05.16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Jennifer A. Barnes	1367 Ivy Road	Mohegan Lake, NY 10547
AR	John M. Tarantelli	1166 Peekskill Hollow Road	Carmel, NY 10512

11. E-mail Address: jenbarnes@optonline.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date 1/4/2016

Daytime Phone # 914-557-7852

Typed or printed name of signing authorized representative/member Jennifer A. Barnes

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APPROVAL
AND
FILED

16 JAN -5 AM 9:09

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195
REFERENCE : 935576 7907361
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 516.25

ORDER DATE : December 29, 2015
ORDER TIME : 3:51 PM
ORDER NO. : 935576-010
CUSTOMER NO: 7907361

RECEIVED
DEPARTMENT OF STATE
16 JAN -5 PM 4:31

DOMESTIC FILINGS

NAME: 7404 ISLE DRIVE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____