

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Section of Corporations
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **L96000000310**

1. Limited Liability Company's Name

**C.N.C., L.C.
REINSTATEMENT 2002-2003**

2. Principal Office Address

9441 Harding Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 546916

Suite, Apt. #, etc.

City & State

Surfside, FL

Zip

33154

Country

USA

City & State

Surfside, FL

Zip

33154

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/14/1996

6. FEI Number

65-0675607

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

JOSE PEDREIRA

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

9441 HARDING AVENUE

Suite, Apt. #, Etc.

City

Surfside

State
FL

Zip Code

33154

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

JOSE PEDREIRA
REGISTERED AGENT MUST SIGN

Date

3/18/03

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	JAY FOX	880 Third Ave. 9th Fl, NY	N.Y, N.Y 10022
MGR	JOSE PEDREIRA	9441 Harding Avenue	Surfside, FL 33154

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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

JOSE PEDREIRA

Date

3/11/03

Daytime Phone #

305-867-6141

Typed or printed name of signing Managing Member/Manager

JOSE PEDREIRA

CR2E041 (10/02)