

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96 000000757**

1. Limited Liability Company's Name

First SDK Development, L.C.

2. Principal Office Address

26-L Nob Hill

Suite, Apt. #, etc.

City & State

Roseland, N.J.

Zip

07068

Country

USA

3. Mailing Office Address

P.O. Box 2001

Suite, Apt. #, etc.

City & State

Livingston, N.J.

Zip

07039

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

July 17, 1996

6. FEI Number

65-0687902

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

REICHEL REALTY & INVESTMENTS, INC.

200003386242--4

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

4524 GUN CLUB ROAD S

-09/08/00--01024--003

*******5.00 *****5.00**

Suite, Apt. #, Etc.

212

City

WEST PALM BEACH

State

FL

Zip Code

33415

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

William S. Kuehl
REGISTERED AGENT MUST SIGN

Date **8-25-00**

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

AGRM Kenneth Gruber

26-L Nob Hill

Roseland, N.J. 07068

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09/08/00--01024--004

*****300.00 ***300.00**

REINSTATEMENT

97-00 OHA

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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

Kenneth Gruber

Date **8-24-00**

Daytime Phone # **978-403-8401**

Typed or printed name of signing Managing Member/Manager

Kenneth Gruber