

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 NOV -6 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/2

2002
LIMITED LIABILITY
COMPANY
REINSTATEMENT
LBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97000000460

1. Limited Liability Company's Name

ERILYN GROUP 2, LLC

2. Principal Office Address

6662 Grande Orchid

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33446

Country

Palm Beach

3. Mailing Office Address

6662 Grande Orchid

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33446

Country

Palm Beach

4. State/Country of Formation

Florida/Broward County

5. Date Organized or Qualified

To Do Business in Florida -

04/30/1997

6. FEI Number

65-0826301

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

Peter A. Rose, Esq./Rose & Rose, PA

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

5295 Town Center Road

Suite, Apt. #, Etc.

3rd Floor

City

Boca Raton

State
FL

Zip Code
33486

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

REGISTERED AGENT MUST SIGN

Date

10-19-2002

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
MGRM	Pace, Charles	6662 Grande Orchid	Delray Beach, FL 33446
MGRM	Goldberg, Mitchell	353 Lexington Ave., 10 th Floor	New York City, NY 10017

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

Date

10/18/02

Daytime Phone #

5618653844

Typed or printed name of signing Managing Member/Manager

Charles Pace

CR2E041 (9/01)

202

October 22, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302

RE: Erilyn Group 2, LLC

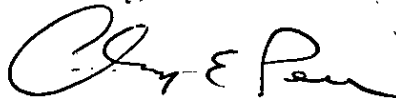
Dear Division of Corporations:

In reference to the above-captioned limited liability company, I did not receive my Uniform Business Report and recently discovered that my company was administratively dissolved due to my annual report not being filed.

Therefore, upon instructions from your office, I am enclosing my Limited Liability Company Reinstatement form along with my check in the amount of \$150.00 representing the reinstatement fee and annual report fee.

Thank you for your attention to this matter.

Sincerely,



Charles Pace
President, Erilyn Group 2, LLC