

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV -1 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000001489

Name and Mailing Address

0006844 01 FP 0.352 \*\*PRSR T1 0 0615 10028-301255  
BRINSIGHTS, L.L.C.  
240 EAST 86 ST., 5E  
NEW YORK NY 10028-3012



CR2E084 (8/02)

<b>2. New Mailing Address</b> 125 E. 83 STREET, Suite 5 City, State, Zip: NEW YORK, NY 10028		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 240 EAST 86 ST., 5E NEW YORK NY 10028		<b>5. Date Organized or Qualified To Do Business in Florida</b> 08/17/1998	
<b>3. New Principal Place of Business Address</b> 125 E 83 ST, Suite 5 City, State, Zip: New York, N.Y. 10028.		<b>6. FEI Number</b> 65-0881682 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:			
<b>10. 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.</b> Signature of Registered Agent: <u>Connie Bryan</u> <u>Connie Bryan Special Asst. Secy.</u> Date: <u>11-1-02</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BRIN, GERI	240 E 86TH STREET APT 5C 125 E. 83 STREET, #5	NEW YORK NY 10028

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: Gerl Brin MANAGING MEMBER Date: 04 30, 02 Daytime Phone #: 212-7176380

Typed or printed name of signing Managing Member/Manager: GERI BRIN

600008760726  
11/01/02--01077--006 \*\*150.00  
REINSTATEMENT 2002