

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000001489

Name and Mailing Address

0014887 01 AB 0.301 \*\*AUTO H5 0 0615 10028-081105



BRINSIGHTS, L.L.C.  
125 E. 83RD STREET  
SUITE 5  
NEW YORK NY 10028-0811



CR2E034 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/17/1998

Principal Place of Business

125 E. 83RD STREET  
SUITE 5  
NEW YORK NY 10028

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0881682

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

000024187700  
10/28/03--01012--010 \*\*50.00

City

FL

Zip Code

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BRIN, GERI	125 E. 83RD STREET	NEW YORK NY 10028

REINSTATEMENT

03  
dec

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

SIGNATURE REQUIRED

Date

10/17/03

Daytime Phone #

212 7176380-

Typed or printed name of signing Managing Member/Manager

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October 21, 2003

Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314


**Brinsights** 240 East 86th St Unit 5C, New York, NY 10028. Phone [212] 706 2345 Fax [212] 706 2335 E-mail g.brinatbrinsights@rcn.com **Geri Brin**

Re: Reinstatement fee waived and Registered Agent

To Whom It May Concern:

This is the only form I have received from Florida Department of State in the last year. Therefore, as per my conversation with Michelle last week, the Reinstatement Fee of \$100 is being waived and I am only liable for the Annual Report Fee of \$50. I was also told that the Registered Agent did not have to sign the form.

Sincerely,



Geri Brin

Brinsights LLC