

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 13 AM 8:48

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000003237

1. Limited Liability Company's Name

VGIP Associates, LLC

03

BK

400162808334

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

16 Mt Elo Road South

Suite, Apt. #, etc.

Suite 22

City & State

Brewster, NY

Zip

10509

Country

USA

3. Mailing Office Address

16 Mt Elo Road South

Suite, Apt. #, etc.

Suite 22

City & State

Brewster, NY

Zip

10509

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

12/14/1998

6. FEI Number

13-4035502

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

Steven W. Deutsch, Esq c/o Frank, Weinberg & Black

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

7806 SW 6th Court

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 11-12-09

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 |
|--------|--------------------------------------|---|--------------------|
| MM | Peter D. Gamar | 16 Mt Ebo Road South, Ste 22 | Brewster, NY 10509 |
| | above is MGRM | | |
| | | | |
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REINSTATEMENT 2003-2009

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 11-12-09

Daytime Phone # 845-729-0901

Typed or printed name of signing Managing Member/Manager Peter D. Gamar



CORPORATION SERVICE COMPANY

L98000003237

ACCOUNT NO. : I20000000195

REFERENCE : 187249 7642025

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 1076.25

ORDER DATE : November 12, 2009

ORDER TIME : 11:33 AM

ORDER NO. : 187249-005

CUSTOMER NO: 7642025

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 13 AM 8:48

DOMESTIC FILINGS

NAME: VGIP ASSOCIATES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS

[Signature]

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09 NOV 13 PM 4:13
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FL 32304