

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-28-01
450.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L990000600899

1. Limited Liability Company's Name

FLAGSHIP OUTDOOR, LLC.

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

517 ROUTE 1

Suite, Apt. #, etc.

1002

City & State

ISELIN NJ

Zip

08830

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2/17/99

6. FEI Number

59-2559685

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

JOHN ACQUAVELLA

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

997 ACQUA LANE

Suite, Apt. #, Etc.

City

FORT MEYERS

State

FL

Zip Code

33919

☐ 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

John Acquavella
REGISTERED AGENT MUST SIGN

Date 2/26/07

AS

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	JOSEPH ACQUAVELLA	4 BRANDYWINE DR.	F. BRAWNSICK, NJ 08816
MGRM	SANTO CHIARELLI	37 LAURELWOOD DR.	COLTS NECK, NJ 07722
MGRM	SAMUEL SHUSTER	22 RUPERT AVE	STATION ISLAND, NY 10314
			300092352093
			03/13/07--01021--003 **450.00
			REINSTATEMENT 01-07

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

Samuel Shuster

Date 2-26-07

Daytime Phone # 732.855.9600

Typed or printed name of signing Managing Member/Manager SAMUEL SHUSTER