

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000004038

1. Limited Liability Company's Name

New Ventures Management, L.L.C.

100025263241  
12/08/03--01001--003 \*\*150.00

2. Principal Office Address

1314 E. Las Olas Blvd.

3. Mailing Office Address

1314 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite 180

Suite, Apt. #, etc.

Suite 180

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33301

Country

US

Zip

33301

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

July 2, 1999

6. FEI Number

65-0931031

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

Andrew Barnett

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

1314 E. Las Olas Blvd.

Suite, Apt. #, Etc.

Suite 180

City

Fort Lauderdale

State  
FL

Zip Code  
33301

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

Date

12/1/03

REGISTERED AGENT MUST SIGN

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	Andrew Barnett	1314 E. Las Olas Blvd.	Fort Lauderdale, FL 33301
MGRM	Paul Curley	3547 Bayfield Blvd.	Oceanside, NY 11572

REINSTATEMENT

03

dec

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

12/1/03

Daytime Phone #

212-399-8200

Typed or printed name of signing Managing Member/Manager

Paul Curley

CR2E041 (10/02)

***Paul J. Curley***

***3547 Bayfield Blvd.  
Oceanside, New York 11572***

***Tel: (212) 399-8200***

***Fax: (212) 399-8280***

December 1, 2003

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Reinstatement – New Ventures Management, L.L.C.

To Whom It May Concern:

I am enclosing a Limited Liability Company Reinstatement form for New Ventures Management, L.L.C., as well as a check for \$150 (representing the reinstatement fee and the 2003 annual report fee).

Please feel free to call me with any questions or comments regarding the enclosed.

Very truly yours,



Paul J. Curley