

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL

AND  
FILED

01 FEB -7 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY**

2001 SUBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L99000005238

1. Limited Liability Company's Name

SURF ECHO L.L.C.

2. Principal Office Address c/o Peter Vasilas

220 Inlet Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Beach Shores, FL

City & State

Zip

33404

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

7/23/99

6. FEI Number

11-3522223

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

Peter Vasilas

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

220 Inlet Way

Suite, Apt. #, Etc.

City

Palm Beach Shores

State

FL

Zip Code

33404

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

Jan 24, 2001

**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	Elpis Chandras	3 Beechtree Lane	Plandome Mills, NY 11030
MGRM	Anthony Vasilas	80 Gristmill Lane	Plandome Mills, NY 11030

100003655511--7

JB  
2-1-01

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

*[Signature]*

Date

1-15/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Anthony Vasilas

CR2E041 (9/99)

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 990882 4302355

AUTHORIZATION :

COST LIMIT : \$ 50.00

*Patricia Pyjunt*

ORDER DATE : February 5, 2001

ORDER TIME : 4:07 PM

ORDER NO. : 990882-010

CUSTOMER NO: 4302355

CUSTOMER: Mr. Ralph D. Mosley, Jr.  
Blank Rome Tenzer Greenblatt  
15th Floor  
405 Lexington Avenue  
New York, NY 10174

DOMESTIC FILINGS

NAME: SURF ECHO L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 FEB - 7 AM 8:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA