

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:05

**DOCUMENT #**

L99-8806

**1. Limited Liability Company's Name**

Brooklyn Liberty LLC

**REINSTATEMENT 2000**

**2. Principal Office Address**

2001 Broadway

Suite, Apt. #, etc.

500

City & State

Riviera Beach

Zip

33404

Country

**3. Mailing Office Address**

2001 Broadway

Suite, Apt. #, etc.

500

City & State

Riviera Beach

Zip

33404

Country

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

☒ Applied For  
☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Michael Carey

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

2001 Broadway

Suite, Apt. #, Etc.

500

City

Riviera Beach

State

FL

Zip Code

33404

900003488209-3

12/05/00-01/05-005  
\*\*\*150.00 \*\*\*150.00

**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

Michael Carey  
REGISTERED AGENT MUST SIGN

Date

11-15-00

**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
Pres	Michael Carey	2001 Broadway	Riviera Bch, FL 33404
VP	"	"	"
Sect	"	"	"

**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

Michael Carey

Date

11-15-00

Daytime Phone #

761 835-0335

Typed or printed name of signing Managing Member/Manager

Michael Carey

CR2E041 (9/00)