

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA  
DIVISION OF CORPORATIONS

FILED

03 JUN 30 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008806

1. Limited Liability Company's Name

Brooklyn Liberty, LLC

400019683344  
05/22/03--01003--027 \*\*150.00

2. Principal Office Address

2100 Avenue B

Suite, Apt. #, etc.

3. Mailing Office Address

2100 Avenue B

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

City & State

Riviera Beach, FL

Zip

33404

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

12/15/99

6. FEI Number

65-0987666

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

Michael Carey

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

2100 Avenue B

Suite, Apt. #, Etc.

City

Riviera Beach

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

Michael Carey

REGISTERED AGENT MUST SIGN

Date 4/30/03

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
Mgm	Michael Carey	218 Westminster Road	WPB, FL 33405

REINSTATEMENT

01-03  
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

Michael Carey

Date

4/30/03

Daytime Phone #

561-840-1194

Typed or printed name of signing Managing Member/Manager

Michael Carey

CR2E041 (10/02)