

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 18 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000036524430
05/17/04--01083--003 **150.00

DOCUMENT # L99000009177

1. Limited Liability Company's Name

Smolin, Lupin, Cole & Co., L.L.C.

2. Principal Office Address

165 Passaic Avenue

Suite, Apt. #, etc.

City & State

Fairfield, NJ

Zip

07004

Country

USA

3. Mailing Office Address

165 Passaic Avenue

Suite, Apt. #, etc.

City & State

Fairfield, NJ

Zip

07004

Country

USA

4. State/Country of Formation

Florida

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

12/23/1999

6. FEI Number

65-0969119

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

Thomas D Cole, CPA

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

140 Intracoastal Pointe Dr.

Suite, Apt. #, Etc.

Suite 305

City

Jupiter

State

FL

Zip Code

33477

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

Thomas D. Cole
REGISTERED AGENT MUST SIGN

Date 05/12/04

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	Thomas D Cole, CPA	140 Intracoastal Pte. Dr. Ste 305	Jupiter, FL 33477
MGRM	SL&Co Subsidiary, P.A.	165 Passaic Ave.	Fairfield, NJ 07004

REINSTATEMENT
2002-2004
5-25-04

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

Thomas D. Cole
Thomas D Cole, CPA

Date 05/12/04

Daytime Phone # 561-747-1040

Typed or printed name of signing Managing Member/Manager

Thomas D Cole, CPA

CR2E041 (1/02)

Smolin Lupin

CERTIFIED PUBLIC ACCOUNTANTS
AND CONSULTANTS

Smolin, Lupin & Co., P.A.
165 Passaic Avenue
Fairfield, NJ 07004
973-439-7200
fax: 973-439-0720

Smolin, Lupin & Co., LLC
331 Newman Springs Road
Building 1
Red Bank, NJ 07701
732-933-9300
fax: 732-933-0888

Smolin, Lupin, Cole & Co., LLC
140 Intracoastal Pointe Drive
Suite 305
Jupiter, FL 33477
561-747-1040
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Saul Lupin, CPA
John W. Mitros, CPA
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Nancy S. Kridel, CPA
Thomas D. Cole, CPA
John O. Snowden III, CPA
Hannan M. Epstein, CPA
Richard J. Boyd, CPA
Paul A. Fried, CPA
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www.smolin.com
cpa@smolin.com

May 12, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:

To Whom It May Concern:

I did not receive the first or second notice from your
office to file my annual report.
Please accept \$150.00 and my reinstatement form.

Thank you,


Thomas D. Cole