

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 24 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000 735

1. Limited Liability Company's Name

Cortez Avenue, LLC

800161004408

09/24/09-01037-011 \*\*\$55.00  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1719 Rt 10 East

Suite, Apt. #, etc.

Suite 220

City & State

Parsippany NJ

Zip

07054

Country

USA

3. Mailing Office Address

1719 Rt 10 East

Suite, Apt. #, etc.

Suite 220

City & State

Parsippany NJ

Zip

07054

Country

USA

4. State/Country of Formation

GA

5. Date Organized or Qualified  
To Do Business in Florida

4/14/2000

6. FEI Number

582548840

☐ 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

Corporation Service Company

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

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

Heather Chapman

Date

9/23/09

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	Joseph Kazarnovsky	1719 Rt 10 East Suite 220	Parsippany NJ 07054
MGRM	Ralph Reider	1719 Rt 10 East Suite 220	Parsippany NJ 07054

REINSTATEMENT 06-09

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

Joseph Kazarnovsky

Date

9/23/09

Daytime Phone #

913 455 8882

Typed or printed name of signing Managing Member/Manager

Joseph Kazarnovsky