

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**FILED**

OCT 23 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

M-1747

1. Limited Liability Company's Name

THE CONCORD EQUITY GROUP LLC

500004659685--9  
-10/30/01--01083--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

2. Principal Office Address

100 METROPARK SOUTH

Suite, Apt. #, etc.

City & State

LAURENCE HARBOR, NJ

Zip

Country

08878

U.S.A

3. Mailing Office Address

100 METROPARK SOUTH

Suite, Apt. #, etc.

City & State

LAURENCE HARBOR  
NJ

Zip

Country

08878

USA.

4. State/Country of Formation

PA, USA

5. Date Organized or Qualified  
To Do Business in Florida

9/22/97

6. FEI Number

23-2926255

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAN Butensky

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

110 PROFESSIONAL DRIVE

Suite, Apt. #, Etc.

Suite 104

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

JAN Butensky

REGISTERED AGENT MUST SIGN

Date 10/16/01

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
MAN. PTNR.	Nicholas MARINIello	15 STORM ROAD	LINCROFT, NJ 07738
MAN. PTNR.	Lee D. ARPUSH	216 DOE TRAIL	MORGANVILLE, NJ 07751
MAN. PTNR.	ALAN F. GAVORNIK	57 Big Springs Rd	CALIFON, NJ 07830

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

NICK MARINIello

Date 10/16/01

Daytime Phone # 732-335-0600

Typed or printed name of signing Managing Member/Manager NICK MARINIello

CR2E041 (9/01)