

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 AUG 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MO3000002945**

1. Limited Liability Company's Name

Chatsworth Securities, LLC

900108700059

08/28/07--01018--004 **250.00

CR2E041 (1/07)

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

95 East Putnam Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

95 E. Putnam Avenue

Suite, Apt. #, etc.

City & State

Greenwich CT

Zip

06830

Country

USA

City & State

CT

Zip

06830

Country

USA

4. State/Country of Formation

New York, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

13-3878789

☒ 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

Daniel Maclean

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

1945 Windward Way

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

☐ 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

Daniel C. Maclean

Date

8/13/07

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
MR.	Daniel Maclean	1945 Windward Way	Vero Beach, FL 32963
MR.	Ralph DiFiore	95 East Putnam Avenue	Greenwich, CT 06830
MR.	Joel Matcovsky	95 East Putnam Avenue	Greenwich, CT 06830

REINSTATEMENT

05-07

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

Daniel C. Maclean

Date

8/13/07

Daytime Phone #

203-629-2612

Typed or printed name of signing Managing Member/Manager

Daniel Maclean