

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MO3000003487**

1. Limited Liability Company's Name

Consolidated Capital Funding LLC

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

888 Vets. Mem. Hwy.

Suite, Apt. #, etc.

Suite 430

City & State

Hauppauge, N.Y.

Zip

11788

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

4. State/Country of Formation

N.Y.

5. Date Organized or Qualified
To Do Business in Florida

10/17/03

6. FEI Number

11-3559619

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

Louis D. Zaretsky

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

555 NE 15th St.

Suite, Apt. #, Etc.

100

City

Miami

State

FL

Zip Code

33132

☒ 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

REGISTERED AGENT MUST SIGN

Date

6/11/09

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. George Heinlein	888 Vets. Mem. Hwy.	Hauppauge NY 11788
			30015th 73293
			06/19/09--01040--028 **298.5

REINSTATEMENT

09 DBPUCE

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

George Heinlein

Date **6/11/09**

Daytime Phone # **631 366 3333**

Typed or printed name of signing Managing Member/Manager

George Heinlein, Manager