

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000003825

1. Limited Liability Company's Name

PLAZA CONTRACTING COMPANY LLC

07

BK

CR2E041 (12/07)

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

260 Madison Ave

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10016

Country

USA

3. Mailing Office Address

260 Madison Ave.

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10016

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

11/14/2003

6. FEI Number

200433476

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 Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Troy Todd
as its agent

Date 02/13/2009

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	Arnold Fisher	299 Park Ave.	New York, NY 10171
MGRM	Kenneth Fisher	299 Park Ave.	New York, NY 10171
MGRM	Steven Fisher	299 Park Ave.	New York, NY 10171

REINSTATEMENT 2007-2009

200143580462

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

Date 2/13/09

Daytime Phone # 212-849-4721

Typed or printed name of signing Managing Member/Manager

Michael S. Paese, Authorized Representative



CORPORATION SERVICE COMPANY

M03000003825

RECEIVED

09 FEB 13 PM 1:45

ACCOUNT NO. : 072100000032
REFERENCE : 892512
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 521.25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
4300123

ORDER DATE : February 13, 2009
ORDER TIME : 11:34 AM
ORDER NO. : 892512-005
CUSTOMER NO: 4300123

* PLEASE FILE TODAY IF
POSSIBLE - THIS ENTITY HAS
A CLOSING
TRANSIT

REINSTATEMENT

NAME: PLAZA CONTRACTING COMPANY LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS

[Signature]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 13 PM 2:25

FILED