

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 30 PM 4:13

DOCUMENT # M04000003916

1. Limited Liability Company's Name

HUNTER STREET RIVER VIEW LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
120 Bloomingdale Road

3. Mailing Office Address
120 Bloomingdale Road

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
White Plains, NY

City & State
White Plains, NY

Zip
10605

Country
U.S.

Zip
10605

Country
U.S.

4. State/Country of Formation
New York

5. Date Organized or Qualified
To Do Business in Florida **May 1, 2000**

6. FEI Number
13-4123989

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
Robert E. Messick, Esq. / Icard, Merrill, et al.

Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street

Suite, Apt. #, Etc.
Suite 600

City
Sarasota

State Zip Code
FL 34237

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **May 21, 2007**

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	Laurie E. Hathorn	120 Bloomingdale Road, Suite 201	White Plains, NY 10605
			600103919556 06/05/07--01046--025 **250.00
			REINSTATEMENT 2005-07

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

[Signature]

Date **May 21, 2007**

Daytime Phone # **914-437-6129**

Typed or printed name of signing Managing Member/Manager **Laurie E. Hathorn, Managing Member**