

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000006837

1. Entity Name
MORRIS/SATNICK FORT PIERCE ASSOCIATES, LLC



Principal Place of Business
350 VETERANS BOULEVARD
RUTHERFORD, NJ 07070

Mailing Address
350 VETERANS BOULEVARD
RUTHERFORD, NJ 07070

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-3418633

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anthony LiCausi

Anthony LiCausi
Vice President

11-13-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MORRIS/SATNICK PROPERTY ACQUISITIONS, LLC
STREET ADDRESS 350 VETERANS BOULEVARD
CITY-ST-ZIP RUTHERFORD, NJ 07070

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200137425212
10/29/08--01030--006 **238.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME REINSTATEMENT
STREET ADDRESS 2008
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/27/08

201-804-8700

Daytime Phone #

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOV 9 P 2:47

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 NOV 19 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 5, 2008

MORRIS/SATNICK FORT PIERCE ASSOCIATES, LLC
350 VETERANS BLVD
RUTHERFORD, NJ 07070

SUBJECT: MORRIS/SATNICK FORT PIERCE ASSOCIATES, LLC
Ref. Number: M05000006837

We have received your document for MORRIS/SATNICK FORT PIERCE ASSOCIATES, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 208A00056258