

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000000085

1. Limited Liability Company's Name

171 Freeman Ave. Realty LLC

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

100 S. Birch Road

Suite, Apt. #, etc.

APT 2001

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

USA

3. Mailing Office Address

1599 OCEAN AVE.

Suite, Apt. #, etc.

City & State

BOHEMIA, NY

Zip

11716

Country

USA

4. State/Country of Formation

NEW YORK

5. Date Organized or Qualified

To Do Business in Florida 4/16/2007

6. FEI Number

203827787

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

ROY, DAVID R.

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

4209 N. FEDERAL HWY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

☐ 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

Date

10-21-09

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	LAWRENCE L BERNARD	1599 OCEAN AVE	BOHEMIA, NY 11716

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 10/21/09

Daytime Phone #

631-424-0439

Typed or printed name of signing Managing Member/Manager

LAWRENCE L. BERNARD

FILED

2009 DEC -2 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

REINSTATEMENT

08-29 AL

500162183855
10/26/09--01064--022 **238.75

500162183855
12/02/09--01003--006 **138.75