

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 MAR -4 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M06000003559**

1. Limited Liability Company's Name

Military Trail, LLC

CR2E041 (10/08)

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

216 Merrill Avenue

3. Mailing Office Address

216 Merrill Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Staten Island, NY

City & State

Staten Island, NY

Zip

10314

Country

USA

Zip

10314

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 06/26/2006

6. FEI Number

☒ 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

Peter L. Breton

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

625 N. Flagler Drive

Suite, Apt. #, Etc.

9th Floor

City

West Palm Beach

State

FL

Zip Code

33401

☐ 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 02/10/2009

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
MGR	Anthony Fanelli	216 Merrill Avenue	Staten Island, NY 10314
			300143809993 02/17/09--01038--027 **243.75
			300143809993 02/17/09--01038--028 **277.50

REINSTATEMENT 07-09

CR 3-5-09

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 2/10/2009

Daytime Phone# (718) 698-1786

Typed or printed name of signing Managing Member/Manager

Anthony Fanelli