

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


09 JUN 30 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300157542183  
06/22/09--01045--008 \*\*\*416.25

CR2E041 (10/08)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M06000004489

**1. Limited Liability Company's Name**  
16651 NE 18<sup>th</sup> Ave. LLC

|  |                       |                                    |         |
|--|-----------------------|------------------------------------|---------|
| <b>2. Principal Office Address - No P.O. Box #</b><br><u>888 Vets. Mem. Hwy.</u> |                       | <b>3. Mailing Office Address</b>   |         |
| Suite, Apt. #, etc.<br><u>Ste. 430</u>   |                       | Suite, Apt. #, etc.<br><u>SAME</u> |         |
| City & State<br><u>Houppauge, N.Y.</u>   |                       | City & State<br><u>SAME</u>        |         |
| Zip<br><u>11758</u>  | Country<br><u>USA</u> | Zip                                | Country |

**4. State/Country of Formation**  
New York

**5. Date Organized or Qualified To Do Business in Florida**  
1/11/06

**6. FEI Number**  
14-1947140

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 Louis D. Zaretsky, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
555 NE 15<sup>th</sup> Street

Suite, Apt. #, Etc.  
Suite 100

City Miami State FL Zip Code 33132

**\$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] Date 6/17/09

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         |
|-------------|-----------------------------------|--|----------------------------|
| <u>MGEM</u> | <u>George Heinlein</u>            | <u>888 Vets. Mem. Hwy Ste 430</u>              | <u>Houppauge, NY 11788</u> |
|             |                                   |  | <u>S. HAWKES</u>           |
|             |                                   |  | <u>JUL 2 - 2009</u>        |
|             |                                   |  | <u>EXAMINER</u>            |

**REINSTATEMENT**  
2007 - 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 [Signature] Date 6/18/09 Daytime Phone # 631366 3333

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_