

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000047540 3)))



H090000475403ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

LIMITED LIABILITY REINSTATEMENT

SEGELMAN SHAW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

RECEIVED
09 MAR -2 AM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAR -2 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000005194

1. Limited Liability Company's Name

SEGELMAN SHAW, LLC

CR2E041 (10/08)

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

5333 COLLINS AVENUE

Suite, Apt. #, etc.

#309

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

5333 COLLINS AVENUE

Suite, Apt. #, etc.

#309

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

4. State/Country of Formation

New York

5. Date Organized or Qualified
To Do Business in Florida

09/20/2006

6. FEI Number

52-2422767

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

SHIMON SEGELMAN

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

300 41ST STREET

Suite, Apt. #, Etc.

SUITE 202A

City

MIAMI BEACH

State

FL

Zip Code

33141

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

Shimon Segelman

REGISTERED AGENT MUST SIGN

Date

2/25/09

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	SHIMON SEGELMAN	5333 COLLINS AVENUE	MIAMI BEACH, FL 33140
MGR	DAN GOLDNER	5333 COLLINS AVENUE	MIAMI BEACH, FL 33140

REINSTATEMENT 0709

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 608.408, 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

Shimon Segelman

Date

2/25/09

Daytime Phone #

845-475-0077

Typed or printed name of signing Managing Member/Manager DAN GOLDNER