

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAY -1 PM 4:40

DOCUMENT #

M10000001166

1. Limited Liability Company's Name
ALVP Holdings, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
265 Davidson Avenue

3. Mailing Office Address
265 Davidson Avenue

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
Somerset, NJ

City & State
Somerset, NJ

Zip
08873-4120

Country
USA

Zip
08873-4120

Country
USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida
03/12/2010

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

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

600272497338
05/01/15--01020--002 ***47.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Connie Bryan

Connie Bryan

Date May 1, 2015

REGISTERED AGENT MUST SIGN: *Connie Bryan*

10. Names and Street Addresses of Authorized Representative/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	David Vernieri	265 Davidson Avenue	Somerset, NJ 08873
MGRM	Jeffrey Hostler	265 Davidson Avenue	Somerset, NJ 08873
MGRM	Matthew Holley	265 Davidson Avenue	Somerset, NJ 08873

REINSTATEMENT

MAY 01 2015

G. HUNT

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

David Vernieri

Date 4-30-15

Daytime Phone # 732 564-2200

Typed or printed name of signing Authorized Representative/Manager David Vernieri