

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

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1. Limited Liability Company's Name

NIA/Kornreich Limited Liability Company

2. Principal Office Address

1400 Centre Park Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33401

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001

4. State/Country of Formation
Delaware, USA

**5. Date Organized or Qualified
To Do Business in Florida**
2/9/95

6. FEI Number
13-3790378

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Noel Epstein

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

1400 Centre Park Blvd.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

600004695066-7

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****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date 11/2/01

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
CEO	Paul L. Gross	66 Route 17,	Paramus, NJ 07652
COO	Steven L. Grossberg	66 Route 17	Paramus, NJ 07652
Treasurer	Howard P. Cantor	66 Route 17	Paramus, NJ 07652

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 11/7/01

Daytime Phone # (201) 845-6600

Typed or printed name of signing Managing Member/Manager

Paul L. Gross