M98000000058

PLEASE READ ALL INFORMATION BEFORE PRINTING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -7 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000058

1. Limited Liability Company's Name
A.C. Wolf, LLC

2. Principal Office Address
c/o Bruce Ide
Suite, Apt. #, etc.
9-62nd Street, Ste 5N
City & State
West New York, NJ
Zip 07093 Country USA

3. Mailing Office Address
same
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
New Jersey

5. Date Organized or Qualified To Do Business in Florida 11/13/95 1/23/98 FL

6. FEI Number 22-3408178 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: Nancy E. Livingston
Street Address (P.O. Box Number is Not Acceptable): 1690 SW 54th Terrace
Suite, Apt. #, Etc.
City: Plantation State: FL Zip Code: 33317

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: Nancy E. Livingston Date: 6/26/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	Bruce J. Ide	9-62nd Street, Ste 5N	West New York, NJ 07093

REINSTATEMENT 00-03

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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: Bruce J. Ide Date: 6/26/03 Daytime Phone # 201-868-3973

Typed or printed name of signing Managing Member/Manager: Bruce J. Ide

CORPORATION SERVICE COMPANY™

FILED

03 JUL -7 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 158612 8306A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 305.00

ORDER DATE : July 3, 2003

ORDER TIME : 8:21 AM

ORDER NO. : 158612-005

CUSTOMER NO: 8306A

CUSTOMER: Ross Manella, Esq
Ross H. Manella, P.a.
Suite 3
2237 N. Commerce Parkway
Weston, FL 33326

RECEIVED
03 JUL -7 AM 10:29
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: A.C. WOLF, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____