

M9800000058

STATE OF FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS 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

4. State/Country of Formation

New Jersey

5. Date Organized or Qualified To Do Business in Florida

11/13/95

1/23/98

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

REGISTERED AGENT MUST SIGN

Date

6/26/03

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			
200021339552			

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

CR2E41 (6/02)



CORPORATION SERVICE COMPANY™

FILED

03 JUL -7 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 158612 8306A

AUTHORIZATION :

Patricia Pizuto

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 _____