

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:05

DOCUMENT # **M98000000680**

1. Limited Liability Company's Name

OPTI-Tech, LLC

REINSTATEMENT 2000

2. Principal Office Address

420 Doughty Blvd

3. Mailing Office Address

420 Doughty Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inwood, New York

City & State

Inwood, New York

Zip

Country

Zip

Country

11096

11096

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida.

6. FEI Number

22-3491496

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

MICHAEL S. CASE

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

2900 N.W. 7th Street

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33125

900003488379-4

-12/05/00-01113-008

*****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

[Signature]

Date **11/14/2000**

REGISTERED AGENT MUST SIGN

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
President Manager	Steven Bernstein	420 Doughty Blvd. Inwood, New York	11096

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

[Signature]

Date **10/18/00** Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Steven Bernstein