

M98000000742

APPROVED AND FILED *hbc*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 06 MAR 11 AM 10:52

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000742

1. Limited Liability Company's Name
Greyhawk North America, L.L.C.

2. Principal Office Address 260 Crossways Park Drive Suite, Apt. #, etc. City & State Woodbury, NY Zip 11797		3. Mailing Office Address 260 Crossways Park Drive Suite, Apt. #, etc. City & State Woodbury, NY Zip 11797	
Country USA		Country USA	

REINSTATEMENT *2002-2004*

4. State/Country of Formation New York/USA	
5. Date Organized or Qualified To Do Business in Florida July 9, 1998	
6. FEI Number 11-3337521	Applied For ☐ Not Applicable ☐
7. CERTIFICATE OF STATUS DESIRED ☒ 2500 Additions or removals for a Certificate of Status	

8. Name and Address of Current Registered Agent Name CT 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	
--	--

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 *Camille Pagan*
REGISTERED AGENT MUST SIGN Date *3/11/04*

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
MGR	Gary Berman	260 Crossways Park Drive	Woodbury, NY 11797
MGR	Richard Fennema	260 Crossways Park Drive	Woodbury, NY 11797
MGR	Steven Tell	260 Crossways Park Drive	Woodbury, NY 11797

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 *Steven Tell* Date *3/11/04* Daytime Phone # *516 822 5703*
Typed or printed name of signing Managing Member/Manager Steven Tell

WJ

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000054293 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED LIABILITY REINSTATEMENT

GREYHAWK NORTH AMERICA, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$255.00

[Electronic Filing Menu](#)[Corporate Filing](#)[Public Access Help](#)