

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

H01000110018-8  
AND  
FILED

01 DEC -7 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000988

1. Limited Liability Company's Name

ANDOVER BROKERAGE, LLC

2. Principal Office Address

400 Rella Blvd.

Suite, Apt. #, etc.

#165

City & State

Montebello, NY

Zip

10901

Country

USA

3. Mailing Office Address

400 Rella Blvd.

Suite, Apt. #, etc.

#165

City & State

Montebello, NY

Zip

10901

Country

USA

4. State/Country of Formation

NY

5. Date Organized or Qualified  
To Do Business in Florida

9/9/98

6. FEI Number

13-3923572

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2001**

**8. Name and Address of Current Registered Agent**

Name

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

400004716834--5

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

4435 Old Winter Garden Road

-12/10/01--01087--001

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

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

Marc D. Moel

REGISTERED AGENT MUST SIGN

Asst. Secty, for BlumbergExcelsior

Date 10/25/01

**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
<u>MGAM</u>	<u>Michael Picorzi, III</u>	<u>400 Rella Blvd. 165</u> <u>Montebello, NY 10901</u>	<u>Montebello, NY 10901</u>

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

Michael Picorzi

Date 10/22/01

Daytime Phone #

845-369-0127

Typed or printed name of signing Managing Member/Manager

Michael Picorzi, III