

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 AUG 16 PM 3:40

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000806

**1. Limited Liability Company's Name**

UTLC LLC

175 Great Neck Road, Suite 404, Great Neck, NY 11021

**2. Principal Office Address**

175 Great Neck Road

**3. Mailing Office Address**

175 Great Neck Road

Suite, Apt. #, etc.

Suite 404

Suite, Apt. #, etc.

Suite 404

City & State

Great Neck NY 11021

City & State

Great Neck NY

Zip

11021

Country

USA

Zip

11021

Country

USA

**4. State/Country of Formation**

New York

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

6-1-1999

**6. FEI Number**

113390684

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

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

NRAI Services, Inc.

Zuma M. Howarth  
REGISTERED AGENT MUST SIGN

Date

8-13-04

**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
Mgrm	Samy Mahfar	175 Great Neck Road, Suite 404	Great Neck, NY 11021
Mgrm	Sina Mahfar	175 Great Neck Road, Suite 404	Great Neck, NY 11021

**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

Samy Mahfar

Date

8/5/04

Daytime Phone #

516-487-8730

Typed or printed name of signing Managing Member/Manager

Samy Mahfar

CR2E041 (10/02)