

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -3 PM 12:27

DOCUMENT # M99000001371

1. Limited Liability Company's Name

Feldman Altamonte, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

c/o M.D. Carlisle Corp. of Florida

Suite, Apt. #, etc.

352 Park Avenue South

City & State

New York, NY

Zip

10010

Country

USA

3. Mailing Office Address

c/o M.D. Carlisle Corp. of Florida

Suite, Apt. #, etc.

352 Park Avenue South

City & State

New York, NY

Zip

10010

Country

USA

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida

9/1/1999

6. FEI Number
223675789

☐ 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

M.D. Carlisle Corp. of Florida

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

1701 Lee Road

Suite, Apt. #, Etc.

Suite A

City

Winter Park

State

FL

Zip Code

32789

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date

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
MGRM	Harry Feldman	352 Park Avenue South	New York, NY 10010
MGRM	M.D. Carlisle Corp. of Florida	352 Park Avenue South	New York, NY 10010
REINSTATEMENT 2004-2008			

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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

Date 4/1/2008

Daytime Phone # 407-628-4295

Typed or printed name of signing Managing Member/Manager

John Grant, VP - M.D. Carlisle Corp. of Florida