

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -4 PM 4:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DAJH

3/4

DOCUMENT # L 00000011428

1. Limited Liability Company's Name

STEIN CHALEFF LLC

2. Principal Office Address

16445 COLLINS AVE

Suite, Apt. #, etc.

WATER SUITE 6-B

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

3. Mailing Office Address

16445 COLLINS AVE

Suite, Apt. #, etc.

WATER SUITE 6-B

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

9/20/2000

6. FEI Number

65-1045646

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

G. STEIN

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

16445 COLLINS AVE, WS-6B

Suite, Apt. #, Etc.

City

SUNNY ISLES

State
FL

Zip Code

33160

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

2/29/2004

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
MG/PM Member	GLEN STEIN	16445 COLLINS AVE, WS6B SUNNY ISLES, FL 33160	SUNNY ISLES, FL 33160
MG/PM Member	NORMAN CHALEFF	48 SHERIDAN AVE	WEST ORANGE, NJ 07079
			200030707502 03/18/04--01019--005 **200.00
			REINSTATEMENT 2003-2004

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

2/29/04

Daytime Phone #

786-246-7100

Typed or printed name of signing Managing Member/Manager

CR2ED41 (10/02)