

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000013233

1. Limited Liability Company's Name
Dillon Properties, LLC

PK

2. Principal Office Address
1991 Broadway

Suite, Apt. #, etc.
Unit 20A

City & State
New York, NY

Zip Country
10023 USA

3. Mailing Office Address
1991 Broadway

Suite, Apt. #, etc.
Unit 20A

City & State
New York, NY

Zip Country
10023 USA

FILED
03 DEC 18 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 10/27/2000

6. FEI Number 65-1050974 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
Rafael A. Perez

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

Suite, Apt. #, Etc.
Suite 702

City
Coral Gables

State Zip Code
FL 33134

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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 *Rafael A. Perez*
REGISTERED AGENT MUST SIGN

Date 12-17-03

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	Dillon, John J.	1991 Broadway, Unit 20A	New York, NY 10023

REINSTATEMENT 2003

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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 *John J. Dillon* Date 12-17-03 Daytime Phone# 718-392-0900

Typed or printed name of signing Managing Member/Manager John J. Dillon

CR2E041 (10/02)