


# L00000013233

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2006 MAY 15 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
CR2E04 (8/05)

DOCUMENT # L 000 000 13 233

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

2. Principal Office Address  
1991 Broadway  
Suite, Apt. #, etc. Unit 20A  
City & State New York, NY  
Zip 10023 Country USA

3. Mailing Office Address  
1991 Broadway  
Suite, Apt. #, etc. Unit 20A  
City & State New York, NY  
Zip 10023 Country USA

4. State/Country of Formation  
Florida

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

6. FEI Number  
65-1050974

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 202

City Coral Gables State FL Zip Code 33134

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 Date 3-23-06  
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
<u>Mgr M</u>	<u>Dillon, John J.</u>	<u>1991 Broadway, #20A</u>	<u>New York, NY 10023</u>

**REINSTATEMENT 2004-2006**

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 3-23-06 Daytime Phone # 718-392-0900  
Typed or printed name of signing Managing Member/Manager John J. Dillon