

L00000015459

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 22 AM 9: 06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L0000015459

1. Limited Liability Company's Name

1500 OCEAN GARAGE, LLC

2. Principal Office Address

425 East 61st Street

Suite, Apt. #, etc.

City & State
New York, New York

Zip Country
10021 USA

3. Mailing Office Address

425 East 61st Street

Suite, Apt. #, etc.

City & State
New York, New York

Zip Country
10021 USA

10/22 2002

4. State/ Country of Formation

Florida

5. Date Incorporated or Qualified To Do Business in Florida

12/13/00

6. FEI Number
58-2592226

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

Registered Agents of Florida, LLC

800009501748-3

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

100 Southeast Second Street

-10/22/02--01023--001

Suite, Apt. #, Etc.
Suite 3500

****150.00 ****150.00

City
Miami

State Zip Code
FL 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of section 608, F.S.

Signature of Registered Agent

Howard J. Vogel, VP

Date 10/10/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Members/ Managers	City / State / Zip
MGRM	Gulfstream Holdings, LLC	425 East 61 st Street	New York, New York 10021

10. I hereby certify that I am managing/ member 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 corporate 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

Jacob I. Sopher, Manager 10/10/02

(212) 832-7564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANGING MEMBER/MANAGER

Date

Daytime Phone #