

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L0100003141

FILED STATE SECRETARY OF CORPORATION DIVISION OF CORPORATIONS 03 MAR 03 PM 4:12

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L0100003141
1. Limited Liability Company's Name
2601 Associates, LLC
REINSTATEMENT 2002-2003

2. Principal Office Address
4825 South LeClaire
Suite, Apt. #, etc.
City & State
Chicago, Illinois
Zip 60638 Country US

3. Mailing Office Address
2601 Collins Avenue
Suite, Apt. #, etc.
City & State
Miami Beach, Florida
Zip 33140 Country US

4. State/Country of Formation
Florida
5. Date Organized or Qualified To Do Business in Florida
03/01/2001
6. FEI Number
36-4425116
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
Adam R. Schiffman, Esquire
Street Address (P.O. Box Number is Not Acceptable)
2999 N.E. 191st Street
Suite, Apt. #, Etc.
Suite 900
City
Aventura
State FL Zip Code 33180

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 3/14/03
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
MM	Michael Giorango	2601 Collins Avenue	Miami Beach, Florida 33140

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 3/14/03 Daytime Phone# 305 538-7721
Typed or printed name of signing Managing Member/Manager Michael Giorango

CR2E041 (10/02)