

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 AUG 30 AM 11: 21

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # L03000027115

1. Limited Liability Company's Name

BLRE, LLC

500193887565
08/02/10--01012--026 ##563.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 810 Seventh Ave. Suite, Apt. #, etc. 10th Floor City & State NEW YORK, NY Zip 10019 Country USA		3. Mailing Office Address 810 Seventh Ave. Suite, Apt. #, etc. 10th Floor City & State NEW YORK, NY Zip 10019 Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 07/23/2003	
6. FEI Number 20-0128782	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$500 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
120 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33374

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

Signature of Registered Agent *Madonna Cuddy* **Madonna Cuddy** Special Assistant Secretary Date 8/24/10

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
MGR	Manuel Scharf	1608 59th Street	Brooklyn, NY, 11204
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11. E-mail Address exec.asst@millennium-mgr.com (To be used for future annual report notifications)

12. 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 608.408, 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 *Manuel Scharf* Date 7/6/10 Daytime Phone # 718-137-7700

Typed or printed name of signing Managing Member/Manager Manuel Scharf

Admin Diss. for RA. 1-11-2010