PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 23 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L03000039321

1. Limited Liability Company's Name

DEL SOL REALTY HOLDING L.L.C.

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2. Principal Office Address	3. Mailing Office Address
600 THIRD AVENUE	ONE UNIVERSITY PLAZA
Suite, Apt. #, etc.: 25TH FLOOR	Suite, Apt. #, etc.: SUITE 206
City & State: NEW YORK, NEW YORK	City & State: HACKENSACK, NJ
Zip: 10016 Country: USA	Zip: 07601 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/14/2003

6. FEI Number: 56-2404477 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: JERRY JOSEPH

Street Address (P.O. Box Number is Not Acceptable): 100 GOLDEN ISLES DRIVE

Suite, Apt. #, Etc.: SUITE 1204

City: HALLANDALE BEACH State: FL Zip Code: 33009

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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: _____ Date: OCTOBER 19, 2006

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
MGRM	MICHAEL SILBERBERG	600 THIRD AVENUE, 25TH FL.	NEW YORK, NY 10016
MGRM	DEL SOL REAL ESTATE L.L.C.	600 THIRD AVENUE, 25TH FL.	NEW YORK, NY 10016

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: XXXXX Michael Silberberg Date: 10/19/2006 Daytime Phone #: (212) 953-9595

Typed or printed name of signing Managing Member: XXXXX MICHAEL SILBERBERG, MANAGING MEMBER