

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000008403

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

**Entity Name:** 639 CHESS, LLC

**Current Principal Place of Business:**

635 CLEVELAND STREET  
CLEARWATER, FL 33755

**New Principal Place of Business:**

347 WEST 44TH ST.  
C/O SPARK PROPERTIES  
NEW YORK, NY 10036

**Current Mailing Address:**

635 CLEVELAND STREET  
CLEARWATER, FL 33755

**New Mailing Address:**

347 WEST 44TH ST.  
C/O SPARK PROPERTIES,  
NEW YORK, NY 10036

**FEI Number:** 73-1731047      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KNAPMEYER, DONALD C ESQ.  
635 CLEVELAND STREET  
CLEARWATER, FL 33755      US

**Name and Address of New Registered Agent:**

HALFON, CLARE  
80 ROGERS ST.  
# 5A  
CLEARWATER, FL 33755 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLARE HALFON

10/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HALFON, ZOHAR  
Address: 347 W. 44TH STREET  
City-St-Zip: NEW YORK, NY 10036

Title: MGR ( ) Delete  
Name: ELKASLASY, SAMY  
Address: 347 W. 44TH STREET  
City-St-Zip: NEW YORK, NY 10036

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ZOHAR HALFON

MGRM

10/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date