

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 29 PM 1:26

DOCUMENT # L04000025047

1. Limited Liability Company's Name

Manalapan Properties LLC

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CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2665 South Bayshore Drive		3. Mailing Office Address 2665 South Bayshore Drive	
Suite, Apt. #, etc. Suite 703		Suite, Apt. #, etc. Suite 703	
City & State Miami, FL		City & State Miami, FL	
Zip 33133	Country USA	Zip 33133	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 04/01/2004	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name World Corporate Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 2665 South Bayshore Drive			
Suite, Apt. #, Etc. Suite 703			
City Miami	State FL	Zip Code 33133	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Scott P. Steinhilber* Date 06/12/09
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	Tonio Arcaini	1280 South Ocean Blvd	Manalapan, FL 33462

REINSTATEMENT 2007-2009 500162310085 10/29/09--01003--006 **416.25

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 608.408, 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 *TONIO ARCAINI* Date 06/12/09 Daytime Phone # 561-2783057
Typed or printed name of signing Managing Member/Manager TONIO ARCAINI