

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007
LIMITED LIABILITY COMPANY
REINSTATEMENT
Annual Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 2060007193

1. Limited Liability Company's Name
Shaplian, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <u>152 E. 65 St.</u>		3. Mailing Office Address <u>152 E. 65 St.</u>	
Suite, Apt. #, etc. <u>#1</u>		Suite, Apt. #, etc. <u>#1</u>	
City & State <u>NYC, NY</u>		City & State <u>NYC, NY</u>	
Zip <u>10021</u>	Country <u>USA</u>	Zip <u>10021</u>	Country <u>USA</u>

4. State/Country of Formation
FLA / USA

5. Date Organized or Qualified To Do Business in Florida
8/3/06

6. FEI Number
56-2602987

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
LISA SHAPOLSKY

Street Address (P.O. Box Number is Not Acceptable)
110 Pegasus Dr.

Suite, Apt. #, Etc.

City
Jupiter, Fla.

State
FL

Zip Code
33477

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 Lisa Shapolsky Date 7/6/07

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
<u>Pres</u>	<u>Anita Shapolsky</u>	<u>152 E 65 St New York NY 10021</u>	<u>New York NY 10021</u>
<u>Sec</u>	<u>LISA SHAPOLSKY</u>	<u>110 Pegasus DR</u>	<u>Jupiter FL 33477</u>
<u>V Pres</u>	<u>Ian Shapolsky</u>	<u>152 East 65 St</u>	<u>New York NY 10021</u>

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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 Anita Shapolsky Date 7/10/07 Daytime Phone # 212-249-2393

Typed or printed name of signing Managing Member/Manager ANITA SHAPOLSKY