


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2011 NOV 18 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>L07000045443</b>

CR2E041 (1/11)

1. Limited Liability Company's Name  
**128th Street Plaza, LLC**

2. Principal Office Address - No P.O. Box # <b>1205 Lincoln Road</b> Suite, Apt. #, etc. <b>Suite 211</b> City & State <b>Miami Beach, FL</b> Zip <b>33139</b>	Country <b>USA</b>	3. Mailing Office Address <b>1205 Lincoln Road</b> Suite, Apt. #, etc. <b>Suite 211</b> City & State <b>Miami Beach, FL</b> Zip <b>33139</b>	Country <b>USA</b>
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4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <b>26-0149338</b>	<input checked="" type="checkbox"/> Applied For <input 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  
**Gustaf Arnoldsson**

Street Address (P.O. Box Number is Not Acceptable)  
**1205 Lincoln Road**

Suite, Apt. #, Etc.  
**Suite 211**

City  
**Miami Beach**

State  
**FL**

Zip Code  
**33139**

E-mail Address:  
**600214468066**  
**11/18/11--01045--006 \*\*138.75**  
**gustaf@stonemasonfund.com**  
(To be used for future annual report notices)

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.

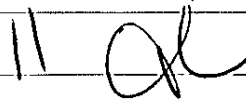
Signature of Registered Agent  Date **11/15/11**

REGISTERED AGENT MUST SIGN

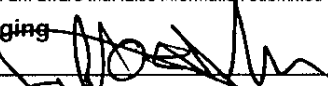
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Gustaf Arnoldsson	1205 Lincoln Road, Suite 211	Miami Beach, FL 33139

**REINSTATEMENT**



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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager  Date **11/15/2011** Daytime Phone # **305-531-9470**

Typed or printed name of signing Managing Member/Manager **Gustaf Arnoldsson**