

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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DOCUMENT # L97000000537

1. Limited Liability Company's Name

COGHTAN ENTERPRISES 702, L C

**REINSTATEMENT 2000**

2. Principal Office Address

1300 COLLINS AVE

Suite, Apt. #, etc.

# 100

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. State/Country of Formation

MIAMI-DADE

5. Date Organized or Qualified To Do Business in Florida

MAY 16, 1997

6. FEI Number

65-0763109

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$300 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Melvyn Schlessor

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

1300 COLLINS AVE.

Suite, Apt. #, Etc.

# 100

City

MIAMI BEACH

State

FL

Zip Code

33139

100003456891-4

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\*\*\*\*150.00 \*\*\*\*150.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/17/00

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	Melvyn Schlessor	1300 Collins Ave	Miami Beach, FL 33139
MGR	Arthur LEEDS	215 W. 83 St.	New York, NY 10024
MGR	Robert Gershon	315 W 55 St.	New York, NY 10019
MGR	Melvin Gershon	315 W 55 St.	New York, NY 10019

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

*[Signature]*

Date

10/17/00

Daytime Phone #

305-531-3155

Typed or printed name of signing Managing Member/Manager Melvyn Schlessor