

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L99000006469
 Name and Mailing Address

03 DEC 17 PM 12:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0014808 01 AB 0.301 **AUTO H5 0 0615 10016-531503



LILTON REALTY LLC
 C/O WILLIAM WEST
 4 PARK AVE., 3RD FLOOR
 NEW YORK NY 10016-5315

Handwritten signature/initials



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/07/1999	
Principal Place of Business C/O MANDEL & RESNIK 220 EAST 42ND STREET NEW YORK NY 10017	3. New Principal Place of Business Address 4 PARK AVE 3 RD FL City, State, Zip New York, NY 10016	6. FEI Number 58-2532888	Applied For Not Applicable
8. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000		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 NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 *Cynthia A. [Signature]* REGISTERED AGENT MUST SIGN Date 12/8/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	WEST, WILLIAM	C/O CHARLES H. GREENTHAL, 4 PARK AVENUE	NEW YORK NY 10016
MEM	WEST, BERNARD	C/O CHARLES H. GREENTHAL, 4 PARK AVE.	NEW YORK NY 10016

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01/16/04--01035--017 **150.00

REINSTATEMENT 2003
Handwritten initials

12. 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 12/3/03 Daytime Phone #
 Typed or printed name of signing Managing Member/Manager William West

CR2E034 (7/03)