

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

M02000003498
FILED

03 OCT 30 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003498

Name and Mailing Address

0015489 01.MB 0.309 **AUTO T7 0 0615 13221-497676



IMPERIAL PROPERTIES, LLC
PO BOX 4976
SYRACUSE NY 13221-4976



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation NY	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/30/2002	
Principal Place of Business 1500 MONY TOWER I SYRACUSE NY 13221	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For 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 NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN ST. TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Theresa M. Benson</u> SIGNATURE REQUIRED Date <u>10/29/03</u> REGISTERED AGENT MUST SIGN			
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
MGR	WERB, LEWIS	300 OCEAN TERRACE	STATEN ISLAND NY 10301
MGR	GAINEC, SPENCER	2 ROCKY TOP COURT	HOLMDEL NJ 07733
MGR	AVIS, RONALD	21 CHESIRE PLACE	STATEN ISLAND NY 10301
MGR	WERB, STANLEY	10744 DUNHILL TERRACE	RALEIGH NC 27615
		REINSTATEMENT 2003 600024123526 11/04/03--01067--018 **150.00	

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 REQUIRED

Date 10/24/03

Daytime Phone # 919 846 4046

Typed or printed name of signing Managing Member/Manager

STANLEY WERB