

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 FEB 20 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M04000002509

1. Limited Liability Company's Name

L DL HOLDINGS FLORIDA LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

6 Vom Eigen Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

6 Vom Eigen Dr.

Suite, Apt. #, etc.

City & State

CONVENT STATION, N.J.

City & State

CONVENT STATION, N.J.

Zip

07960

Country

Morris

Zip

07960

Country

Morris

4. State/Country of Formation

DELAWARE / NEW CASTLE

5. Date Organized or Qualified To Do Business in Florida

6/25/04

6. FEI Number

20-1270670

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

Name

THOMAS J. DOUGHERTY

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

430 COVE TOWERS DRIVE

Suite, Apt. #, Etc.

UNIT # 1004

City

Naples

State

FL

Zip Code

34110

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

Thomas J. Dougherty

REGISTERED AGENT MUST SIGN

Date 2/10/08

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
MGRM	<u>THOMAS J. DOUGHERTY</u>	<u>6 Vom Eigen Dr.</u>	<u>CONVENT STATION, N.J. 07960</u>
MGRM	<u>JOEL LEFKOWITZ</u>	<u>126 LLOYD RD.</u>	<u>MONTCLAIR, N.J. 07042</u>
MGRM	<u>IRA LEFKOWITZ</u>	<u>97 LAUREL RD.</u>	<u>BROOKLINE, MA 02167</u>

REINSTATEMENT 05-08 000118296030 02/19/08--01006--010 \*\*660.00

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

Thomas J. Dougherty

Date 2/10/08

Daytime Phone # 201-406-2416

Typed or printed name of signing Managing Member/Manager

THOMAS J. DOUGHERTY