

M04000004354

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

09 OCT 27 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

PRADO ACQUISITION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$238.75

9138.75

J. BRYAN

OCT 28 2009

EXAMINER


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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M04000004354

1. Limited Liability Company's Name

PRADO ACQUISITION LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # c/o Wharton Realty Group, Inc. Suite, Apt. #, etc. 8 Industrial Way East, 2nd Flr. City & State Eatontown, NJ Zip Country 07724 USA		3. Mailing Office Address c/o Wharton Realty Group, Inc. Suite, Apt. #, etc. 8 Industrial Way East, 2nd Flr. City & State Eatontown, NJ Zip Country 07724 USA	
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4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 10/12/2004	
6. FEI Number 2017 12895	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 NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive			
Suite, Apt. #, Etc. Suite 4			
City Weston	State FL	Zip Code 33331	

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: Sharon K. Lacey Date: 10/27/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Daniel Massry	8 Industrial Way East, 2nd Flr.	Eatontown, NJ 07724
MGR	Mark Massry	8 Industrial Way East, 2nd Flr.	Eatontown, NJ 07724

REINSTATEMENT 2009

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 608.106, F.S., and that all debts 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: Daniel Massry Date: 10/27/09 Daytime Phone #: 732-935-0111

Typed or printed name of signing Managing Member/Manager: Daniel Massry

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