Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE 08 DEC 29 PM 2: 16 CORPORATION Secretary of State REINSTATEMENT SECRETARY OF STATE
TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT # F07000006304 BLV REALTY ORGANIZATION (NEW YORK) INC. 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # N Ave South CR2E081 (12/07) Suite, Apt. #, et Date Incorporated or Qualified To Do Business in Florida 12/06/2007 City & State City & State Applied For 5. FEI Number -3260179 Not Applicable Country Zip \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 8 D I for a Certificate of Status 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in CORPORATION SERVICE COMPANY circumstances which the entity did not receive Street Address (P.O. Box Number Is Not Acceptable)
1201 HAYS STREET the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be walved. 32301 TALLAHASSEE Lead accept the obligations of section 607,0505 or 617,0503, F.S. 8. I, being appointed the registered agent of the above no Stanature of **88 its agent** Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and for Director Name of Officers and/or Directors City / State / Zio Tilles 500139314935 10. I cartify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated , and my signature shall have the same legal effect as if made under outh. on this application is true an Maheem Dingemen.

YEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

SIGNATURE A





ACCOUNT NO. : 072100000032

REFERENCE: 820654 7616074

AUTHORIZATION

COST LIMIT

ORDER DATE: December 10, 2008

ORDER TIME : 12:31 PM

ORDER NO. : 820654-015

CUSTOMER NO: 7616074

REINSTATEMENT

NAME: BLV REALTY ORGANIZATION (NEW

YORK) INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS