PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

02 JUN 21 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000000803

1. Limited Liability Company's Name
N. E. THIRD AVE LC

2. Principal Office Address	3. Mailing Office Address
C/O TANEN & TANEN	C/O TANEN & TANEN
Suite, Apt. #, etc. 800 3RD AVE, 30TH FLOOR	Suite, Apt. #, etc. 800 3RD AVE, 30TH FLOOR
City & State NEW YORK, N.Y.	City & State NEW YORK, NY
Zip 10022 Country USA	Zip 10022 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business In Florida 1/21/2000

6. FEI Number 58-2518540 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: ALAN PINKWASSER

400006037344--2
06/26/02--01028--015
****200.00 ****200.00

Street Address (P.O. Box Number is Not Acceptable): 8231 MUIRHEAD CIRCLE

Suite, Apt. #, Etc.:

City: BOYNTON BEACH State: FL Zip Code: 33437

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/17/02

CR2E041 (8/01)

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
MGR	SHARON OLSON	230 W 54TH ST	NEW YORK NY 10019

REINSTATEMENT 01-02

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: [signature] Date: 6/18/02 Daytime Phone # (212) 247 9700

Typed or printed name of signing Managing Member/Manager: