

**L00000007983**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 OCT 22 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L00000007983**

1. Limited Liability Company's Name

**WASHINGTON GARAGE, LLC**

**MJM**

2. Principal Office Address

**425 East 61<sup>st</sup> Street**

Suite, Apt. #, etc.

City & State

**New York, New York**

Zip

**10021**

Country

**USA**

3. Mailing Office Address

**425 East 61<sup>st</sup> Street**

Suite, Apt. #, etc.

City & State

**New York, New York**

Zip

**10021**

Country

**USA**

4. State/ Country of Formation

**Florida**

5. Date Incorporated or Qualified To Do Business in Florida

**7/6/00**

6. FEI Number

**11-3555313**

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

**Registered Agents of Florida, LLC**

**600008501846-7**

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

**100 Southeast Second Street**

**-10/22/02--01023--006**

Suite, Apt. #, Etc.

**Suite 3500**

**\*\*\*\*150.00 \*\*\*\*190.00**

City

**Miami**

State

**FL**

Zip Code

**33131**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of section 608, F.S.

Signature of Registered Agent

**Howard J. Vogel, VP**

Date **10/10/02**

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Members/ Managers	City / State / Zip
<b>MGRM</b>	<b>Metropolitan Quik Park of South Florida, LLC</b>	<b>333 Earle Ovington Drive, Suite 1030</b>	<b>Uniondale, New York 11553</b>

10. I hereby certify that I am managing/ member 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 corporate 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

**Jacob I. Sopher,**  
**Authorized Representative**

**10/10/02**

**(212) 832-7564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER

Date

Daytime Phone #