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Florida Department of State
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To:
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Fax Number : (850)617-6383

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
A & M FLORIDA PROPERTIES LLC

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000008613

1. Limited Liability Company's Name

A & M Florida Properties, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
50 Broadway		50 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4th Floor		4th Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10004	USA	10004	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07/21/2000

6. FEI Number: 134127879 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ** $30.00 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 09/30/2010

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Allen Gross	50 Broadway, 4th Floor	New York, NY 10004
MGR	Edith Gross	50 Broadway, 4th Floor	New York, NY 10004
MRG	Frederick K. Mehlman	50 Broadway, 4th Floor	New York, NY 10004

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0108, 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: 09/30/2010 Daytime Phone # _____

Type or printed name of signing Managing Member/Manager: Frederick K. Mehlman

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REINSTATEMENT 2010