

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC 18 AM 7:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000013233**

**1. Limited Liability Company's Name**

Dillon Properties, LLC

*PK*

**2. Principal Office Address**

1991 Broadway

**3. Mailing Office Address**

1991 Broadway

Suite, Apt. #, etc.

Unit 20A

Suite, Apt. #, etc.

Unit 20A

City & State

New York, NY

City & State

New York, NY

Zip

10023

Country

USA

Zip

10023

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

10/27/2000

**6. FEI Number**

65-1050974

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

Rafael A. Perez

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 702

City

Coral Gables

State

FL

Zip Code

33134

700026163847  
01/06/04--01047--010 \*\*155.00

**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

*Rafael A. Perez*  
REGISTERED AGENT MUST SIGN

Date 12-17-03

**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
MgrM	Dillon, John J.	1991 Broadway, Unit 20A	New York, NY 10023

**REINSTATEMENT 2003**

*PK*

**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 12-17-03

Daytime Phone # 718-392-0900

Typed or printed name of signing Managing Member/Manager John J. Dillon

CR2E041 (10/02)