


L00000013233

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
 2006 MAY 15 AM 11:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 CR2E0417(B/05)

DOCUMENT # **L 000 000 13 233**

1. Limited Liability Company's Name
Dillon Properties, LLC

2. Principal Office Address 1991 Broadway Suite, Apt. #, etc. Unit 20A City & State New York, NY Zip 10023		3. Mailing Office Address 1991 Broadway Suite, Apt. #, etc. Unit 20A City & State New York, NY Zip 10023	
Country USA		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 <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
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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** Date **3-23-06**

REGISTERED AGENT MUST SIGN

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 M	Dillon, John J.	1991 Broadway, #20A	New York, NY 10023
REINSTATEMENT 2004-2006			

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 **3-23-06** Daytime Phone # **718-392-0900**

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