

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
02 OCT 22 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013469

1. Limited Liability Company's Name

DOLPHIN GARAGE, LLC

2. Principal Office Address

425 East 61st Street

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10021

Country

USA

3. Mailing Office Address

425 East 61st 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

11/2/00

6. FEI Number

☒

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

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

100 Southeast Second Street

Suite, Apt. #, Etc.

Suite 3500

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
MGRM	Metropolitan Quik Park of South Florida, LLC	333 Earle Ovington Drive, Suite 1030	Uniondale, New York 11553

REINSTATEMENT

2002
BJK

BJK

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

Date **10/10/02**

(212) 832-7564

Daytime Phone #

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