

09/29/2003

**L01000001972**


APPROVED AND FILED NO. 115 002

PG. 1002 002

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

**DOCUMENT # L01000001972**

1. Limited Liability Company's Name  
**Carol City Gardens LLC**

**REINSTATEMENT 2003**

2. Principal Office Address <b>50 Broadway, c/o GFI</b>		3. Mailing Office Address <b>50 Broadway, c/o GFI</b>		4. State/Country of Formation <b>Florida</b>	
Suite, Apt. #, etc. <b>Management Services, Inc.</b>		Suite, Apt. #, etc. <b>Management Services, Inc.</b>		5. Date Organized or Qualified To Do Business in Florida <b>02/06/01</b>	
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>		6. FBI Number <b>582602338</b>	
Zip <b>10004</b>	Country <b>USA</b>	Zip <b>10004</b>	Country <b>USA</b>	7. CERTIFICATE OF STATUS DEEMED <input type="checkbox"/> <small>See the Administrative Code for details on a Certificate of Status.</small>	

**8. Name and Address of Current Registered Agent**

Name  
**CorpDirect Agents, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**103 North Meridian Street, Lower Level**

Suite, Apt. #, Etc.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

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 *E. Gross* **ASSISTANT SECRETARY** Date **9/29/03**  
REGISTERED AGENT MUST SIGN

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

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Edith Gross	50 Broadway	New York, NY 10004

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. If no 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 *Edith Gross* Date **9/29/03** Daytime Phone # **212-837-4539**

Type or printed name of signing Managing Member/Manager

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LIMITED LIABILITY REINSTATEMENT

CAROL CITY GARDENS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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