

LO1000004948

APPROVED
AND
FILED

03 FEB 28 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO1000004948**

1. Limited Liability Company's Name

ALTON & LENNOX, LLC

2002-
2003

REINSTATEMENT

2. Principal Office Address

425 East 61 Street

Suite, Apt. #, etc.

City & State

New York NY

Zip

10021

Country

USA

3. Mailing Office Address

1100 Biscayne Blvd.

Suite, Apt. #, etc.

7th Floor

City & State

Miami, Florida

Zip

33132

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/30/01

6. FEI Number

02-0536990

Appl

Not

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional F
for a Certificate

8. Name and Address of Current Registered Agent

Name

Liliana V. Avellan

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

201 Alhambra Circle,

Suite, Apt. #, Etc.

Suite 500

City

Coral Gables

600013283706

02/28/03--01065--007 **210.00

State

FL

Zip Code

33134

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

Date **2-26-03**

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 & E Holdings, LLC	425 East 61 Street	New York NY 10021

JB

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 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., 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

Date **2-26-03**

Daytime Phone# **(305) 604-6048**

Typed or printed name of signing Managing Member/Manager **Jacob I Sopher**