
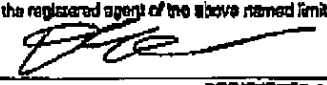
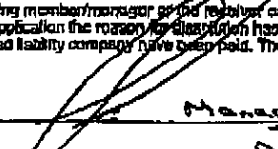


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

09 SEP 30 PM 1:31
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000004988					
1. Limited Liability Company's Name 999 US 1 Realty, LLC					
2. Principal Office Address 730 Rt 112 Medford Avenue		3. Mailing Office Address		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
City & State Patchogue, New York		City & State		6. FEI Number 582649448	
Zip 11772	Country USA	Zip	Country	Applied For 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 Douglas E. Thompson, Esq.					
Street Address (P.O. Box Number is Not Applicable)					
Suite, Apt. #, Etc. 1280 N. Congress Avenue, Suite 109					
City West Palm Beach				State FL	Zip Code 33409
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.					
Signature of Registered Agent 				Date 9-30-03	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	TANTILLO, ANTHONY	730 Rt. 112 Medford Ave.		Patchogue, NY 11772	
11. I certify that I am managing member/manager of the register or trustee empowered to execute this application as provided for in chapter 808, F.S. I further certify that when filing this reinstatement application the reason for suspension has been eliminated, the limited liability company name satisfies the requirements of section 808.405, 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 				Daytime Phone 361-699-0552	
Typed or printed name of signing Managing Member/Manager ANTHONY TANTILLO				Date 9-30-03	

DO NOT WRITE IN THESE SPACES