

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP -1 P 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L010000008659

1. Limited Liability Company's Name

B & T Properties, LLC

100041266851
09/22/04--01067--003 **200.00

2. Principal Office Address
c/oKaufmanFriedmanPlotnicki

Suite, Apt. #, etc.
300 East 42nd Street

City & State
New York, NY

Zip Country
10017 USA

3. Mailing Office Address
c/oKaufmanFriedmanPlotnicki

Suite, Apt. #, etc.
300 East 42nd Street

City & State
New York, NY

Zip Country
10017 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 5/31/2001

6. FEI Number
20-1560958

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
Alice B. Newman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2255 Glades Road

Suite, Apt. #, Etc.
Suite 324 Atrium

City
Boca Raton

State Zip Code
FL 33431

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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

Alice B. Newman
REGISTERED AGENT MUST SIGN

Date 8-31-2004

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
MGRM	Robert S. Trump	300 East 42nd Street, 8th Floor	New York, NY 10017

REINSTATEMENT

03-04-05
dca

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

Robert S. Trump
Robert S. Trump

Date 8-26-04

Daytime Phone # 718-743-4400

Typed or printed name of signing Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.
IF YOU NEED ASSISTANCE, PLEASE CALL THE REGISTRATION SECTION AT (850) 245-6051.

- Block 1** Enter the limited liability company's document number and name. The name of the limited liability company cannot be changed by way of this application. The name may be changed by filing an amendment with our Registration Section. Please call the Registration Section at (850) 245-6051 for information on filing a name change.
- Block 2** Enter the limited liability company's principal place of business address.
- Block 3** Enter the limited liability company's mailing address. (Please NOTE: All correspondence will be mailed to the mailing address of the limited liability company. Reports are not mailed to the registered office address. A post office box is acceptable.)
- Block 4** Enter state or country, if other than U.S., under the laws of which entity was formed.
- Block 5** Enter the date organized or qualified with this office.
- Block 6** Enter your Federal Employer Identification (FEI) Number or check the appropriate box. If "APPLIED FOR" was previously reported, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected.
- Block 7** Your cancelled check will be your filing acknowledgement unless a certificate of status is requested in Block 7 and an additional \$5.00 is submitted to cover its fee. Certificates of status will be mailed to the limited liability company's mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 8** Section 608.415 or 608.507, Florida Statutes, requires all foreign and domestic limited liability companies to continuously maintain a registered agent and registered office in this state. The business office of the registered agent must be the same as the registered office pursuant to section 608.415 and 608.507, Florida Statutes, and the registered office must be a Florida street address.
- Block 9** The designated registered agent must indicate familiarity with Chapter 608, F.S., and acceptance of its obligations and this appointment by completing and signing Block 9. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 608.4482, F.S. If the registered agent does not sign, the application will be rejected.
- Block 10** Enter the name, title and street address of each manager or managing member. Use the following abbreviations: MGR = Manager; and MGRM = Managing Member. Attach additional sheets if necessary.
- Block 11** Block 11 must be signed by a current managing member or manager listed in Block 10 or on an attachment. If the limited liability company is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES: Reinstatement Fee.....\$100.00
Annual Report Fee\$ 50.00 (for each year or a part of a year dissolved)
Minimum Amount Due.....\$150.00

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

COURIER SERVICE ADDRESS:
Division of Corporations
Registration Section
409 E. Gaines St.
Tallahassee, FL 32399

INTERNET ADDRESS:
<http://www.sunbiz.org>

Phone: (850) 245-6051
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

ALICE B. NEWMAN

ATTORNEY & COUNSELOR AT LAW

ONE BOCA PLACE

2255 GLADES ROAD - SUITE 324 ATRIUM

BOCA RATON, FLORIDA 33431-8571

TELEPHONE 561-482-0680

FAX 561-482-0171

www.alicenewman.com

EMAIL alice@alicenewman.com

ADMITTED TO PRACTICE IN NY, NJ & FL

PLEASE REPLY TO:

☒ BOCA RATON, FL OFFICE

☐ MONTVALE, NJ OFFICE

OF COUNSEL TO:

RUBENSTEIN, MEYERSON, BLAKE & FOX, P.A.

180 SUMMIT AVENUE, SUITE 207

MONTVALE, NJ 07645-2119

TELEPHONE 201-802-9202

FAX 201-802-9201

EMAIL rmbattorneys@aol.com

August 31, 2004

VIA FEDERAL EXPRESS

Florida Department of State

Division of Corporations, Registration Section

409 E. Gaines Street

Tallahassee, FL 32399

850-245-6051

RE: B & T PROPERTIES, LLC REINSTATEMENT

Dear Sir or Madam:

Handwritten: Federal acct #
1686-8251-4

I enclose an original and (1) copy of a completed Limited Liability Company Reinstatement for the above referenced LLC, together with check no. 9531 drawn on Kaufman Friedman Plotnicki & Grun, LLP in the amount of \$200.00 in payment of the filing fee and my check no. 5201 in the amount of \$5.00 in payment of the fee for a Certificate of Status. Please do not issue the Certificate of Status until the above referenced shows as in good standing. I also enclose return Federal Express packaging for your use in returning the filed Reinstatement and Certificate of Status to me.

If you have any questions or require any further or additional information, please call the undersigned at 561-482-0680.

Very truly yours,

Alice B. Newman

Alice B. Newman

ABN:me

Enclosure(s)

cc: Gary S. Friedman, Esq. (with enclosures and via fax 212-687-3179)