L01000015653

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JUN -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000015653

1. Limited Liability Company's Name
GOLDSTEIN INVESTMENTS, LLC

2. Principal Office Address	3. Mailing Office Address
7281 HAVILAND CIRCLE	7281 HAVILAND CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33437 Country: PALM BEACH	Zip: 33437 Country: PALM BEACH

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 09/12/2001

6. FEI Number: 65-1137085 ☐ 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: MAURICE GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable): 7281 HAVILAND CIRCLE

Suite, Apt. #, Etc.:

City: BOYNTON BEACH State: FL Zip Code: 33437

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: Maurice Goldstein Date: 5/30/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	MAURICE AND JOAN GOLDSTEIN	7281 HAVILAND CIRCLE	BOYNTON BEACH, FL 33437
MGRM	PATHWAY FURNITURE, LLC	5384 PINE TREE DRIVE	MIAMI BEACH, FL 33140
	REINSTATEMENT 03-03		

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 608.408, 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: Maurice Goldstein Date: 5/30/03 Daytime Phone #: 561-740-3000

Typed or printed name of signing Managing Member/Manager: MAURICE GOLDSTEIN