

L01000018051

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

02 OCT 22 AM 9:06
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # L01000018051

1. Limited Liability Company's Name

600 WASHINGTON GARAGE, L.L.C.

2. Principal Office Address

425 East 61st Street

Suite, Apt. #, etc.

City & State
New York, New York

Zip
10021

Country
USA

3. Mailing Office Address

425 East 61st Street

Suite, Apt. #, etc.

City & State
New York, New York

Zip
10021

Country
USA

10/22 2002

4. State/ Country of Formation
Florida

5. Date Incorporated or Qualified To Do Business in Florida
10/19/01

6. FEI Number
03-0377947

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

Registered Agents of Florida, LLC

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

100 Southeast Second Street

Suite, Apt. #, Etc.

Suite 3500

City

Miami

State
FL

Zip Code
33131

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 -10/22/02--01023--03
 *****150.00 *****150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of section 608, F.S.

Signature of Registered Agent

Howard J. Vogel, VP

Date **10/10/02**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Members/ Managers	City / State / Zip
M	Gulfstream Holdings, LLC	425 East 61st Street	New York, New York 10021

10. I hereby certify that I am managing/ member 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 corporate 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

Jacob I. Sopher, Manager 10/10/02

(212) 832-7564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER

Date

Daytime Phone #