

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim M.
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV -8. AM 10:11

1. DOCUMENT # L01000019797

Name and Mailing Address

0004700 01 FP 0.352 **PRSR T4 0 0615 33480-501245



MANHATTAN PROPERTY INVESTORS GROUP, LLC
145 WOODBRIDGE ROAD
PALM BEACH FL 33480-5012

REINSTATEMENT 2002



2/11/18

2. New Mailing Address

230 PARK AVE. STE 464

City, State, Zip

NEW YORK NY 10169-0465

Principal Place of Business

145 WOODBRIDGE ROAD
PALM BEACH FL 33480

3. New Principal Place of Business Address

230 PARK AVE. STE 464

City, State, Zip

NEW YORK NY 10169-0465

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/15/2001

6. FEI Number

65-1159454

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

SHAPIRO, ROBERT
145 WOODBRIDGE ROAD
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/5/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STOVER INDUSTRIES OF WEST PALM, INC.	230 PARK AVE., STE. 464	NEW YORK NY 10169

600008896796
11/08/02--01118--003 **150.00

REINSTATEMENT 2002

12. 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

SIGNATURE REQUIRED

Date 11/5/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager ROBERT SHAPIRO PRES. OF STOVER INDUSTRIES OF WEST PALM INC

CR2E084 (8/02)