

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
J. M. Smith
Secretary of State
VISION OF CORPORATIONS

L01000020623

03 JAN 14 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000020623

Name and Mailing Address

0008160 01 FP 0.352 **PRSRT T5 0 0615 60647-414647



DUBI PROPERTIES LLC
LARRY SOLOMON
2147 NORTH WESTERN AVENUE
CHICAGO IL 60647-4146



US

1/14/2002

MJM

| | | | |
|--|-----------------------------------|---|-----------------------------|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 3200 OCEAN NORTH DRIVE UNIT 2210 FT. LAUDERDALE, FL 33308 US | | 5. Date Organized or Qualified To Do Business in Florida 11/30/2001 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 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 REGISTERED AGENT MUST SIGN Date | | | |
| 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 |
| PRE | LARRY SOLOMON MGR | 3200 N. OCEAN # 2210 | FT LAUDERDALE 33308 |
| J.P. | MOSHE BAUVISE MGR | 1609 N RIVERSIDE | POMPANO BEACH FL LAUDERDALE |
| 400069596644 12/19/02-01042-001 ***150.00 | | | |

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager