PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 MAY 13 P 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009000

1. Limited Liability Company's Name
ATRIUM PLAZA, LLC

2. Principal Office Address	3. Mailing Office Address
C/O RANCH WEAVER	C/O RANCH WEAVER
5300 NORTH FEDERAL HWY	5300 N. FEDERAL HWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE FL	City & State: FT LAUDERDALE FL
Zip: 33308 Country: USA	Zip: 33308 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 4/16/02

6. FEI Number: 03-0425996 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: BILLIE DeCOTIS c/o RANCH WEAVER

Street Address (P.O. Box Number is Not Acceptable): 5300 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.:

City: FORT LAUDERDALE State: FL Zip Code: 33308

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: Billie DeCotis Date: 5/12/05

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	PINCUS RAND	937 E. 22ND ST	BROOKLYN NY 11210

800054872538
05/20/05--01003--002 **250.00

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: Pincus Rand Date: 5/11/05 Daytime Phone # 212-265-1071

Typed or printed name of signing Managing Member/Manager: PINCUS RAND