

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 30 AM 8:24

1. DOCUMENT # L02000021447

Name and Mailing Address

0000037 01 AV 0.278 \*\*AUTO T1 0 0615 33131-343808



NEW MODEL CITY LLC  
C/O JOSHUA MANASTER P.A.  
1428 BRICKELL AVE., 8TH FLOOR  
MIAMI FL 33131-3438

US



2. New Mailing Address <b>4424 - 18th Avenue</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Brooklyn, NY 11204</b>		5. Date Organized or Qualified To Do Business in Florida <b>08/21/2002</b>	
Principal Place of Business <b>1428 BRICKELL AVE., 8TH FLOOR MIAMI FL 33131 US</b>	3. New Principal Place of Business Address City, State, Zip		6. FEI Number <b>30-0104532</b>
8. Name and Address of Current Registered Agent <b>MANASTER, JOSHUA 1428 BRICKELL AVE. 8TH FLOOR MIAMI FL 33131</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>[Signature]</b> <b>SIGNATURE REQUIRED</b> Date <b>12/20/02</b> REGISTERED AGENT MUST SIGN			
11. Name 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
<b>MGRM</b>	<b>ISAACS, YISROEL</b>	<b>1428 BRICKELL AVE., 8TH FLOOR</b>	<b>MIAMI FL 33131</b>
100025840341 12/30/03-01022-001 **150.00			
<b>REINSTATEMENT</b> <b>03</b> <b>dec</b>			
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 <b>[Signature]</b> <b>SIGNATURE REQUIRED</b> Date <b>12/20/02</b> Daytime Phone # <b>718-851-7430</b> Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)