

L02000021935

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 22 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0 2000021935

1. Limited Liability Company's Name
ALDEA PARTNERS LLC

700037437247
06/01/04--01020--005 **125.00

2. Principal Office Address 1597 SE Port St. Lucie Blvd.		3. Mailing Office Address 1597 SE Port St. Lucie Blvd.		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida August 26, 2002	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 34952	Country US	Zip 34952	Country US	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Gerald Herrmann	
Street Address (P.O. Box Number is Not Acceptable) 1597 SE Port St. Lucie Blvd	
Suite, Apt. #, Etc.	
City Port St. Lucie	State FL
	Zip Code 34952

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: *Gerald f. Herrmann* Date: 5/14/2004

REGISTERED AGENT MUST SIGN

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	ELIEZER MORGINSTIN	88 Sunnyside Blvd.	Plainview, N.Y. 11803
MGRM	MARTIN SCHAFER	1597 S.E. Port St. Lucie Blvd.	Port St. Lucie, Florida 34952

REINSTATEMENT 09/15/03 00007 014 \$15000

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: *Eliezer Morginstin* Date: 5/14/04 Daytime Phone #: 516-349-8184

Typed or printed name of signing Managing Member/Manager: Eliezer Morginstin

CR2E041 (10/02)