

L070000021935

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. Suite, Apt. #, etc. City & State Port St. Lucie, FL Zip 34952 Country US | | 3. Mailing Office Address 1597 SE Port St. Lucie Blvd. Suite, Apt. #, etc. City & State Port St. Lucie, FL Zip 34952 Country US | |
|---|--|---|--|

| | |
|--|--|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida August 26, 2002 | |
| 6. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| | | | |
| | | | |
| | | | |
| | | | |

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

REINSTATEMENT
09/15/03 00007 014 \$5000
JB

CR2E041 (10/02)