PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
09 JUL 10 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400158355034

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000025119

1. Limited Liability Company's Name

VAE ENTERPRISES, L.L.C.

03

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
20 RED GROUND ROAD		20 RED GROUND ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
OLD WESTBURY NY		OLD WESTBURY NY	
Zip	Country	Zip	Country
11568	USA	11568	USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 09/25/2002

6. FEI Number 11-3242788 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. Having 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: Doreen Wallace — Doreen Wallace, Assistant Vice President — Date 7/10/2009

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
Pres	Terry Brooks	20 Red Ground Road	Old Westbury NY 11568
Sec	Andrew Brooks	4251 Salzedo Street PH10E	Corel Gables FL 33146

REINSTATEMENT 2003-2009

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: [signature] Date 7/1/2009 Daytime Phone # 212-644-0345

Typed or printed name of signing Managing Member/Manager: ANDREW BROOKS

CSC
CORPORATION SERVICE COMPANY

L02000025119

ACCOUNT NO. : I20000000195

REFERENCE : 059047 7713649

AUTHORIZATION :

COST LIMIT : $ ~~UP TO~~ $400.00

ORDER DATE : July 7, 2009

1,071.25

ORDER TIME : 9:39 AM

ORDER NO. : 059047-005

CUSTOMER NO: 7713649

FILE 1st

DOMESTIC FILINGS

NAME: VAE ENTERPRISES, L.L.C.

RECEIVED
09 JUL 10 AM 11:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace - Ext# 2928

EXAMINER'S INITIALS BK

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TALLAHASSEE, FLORIDA