PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400158355034

CR2E041 (12/07)

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: OLD WESTBURY NY	City & State: OLD WESTBURY NY
Zip: 11568 Country: USA	Zip: 11568 Country: 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: Andrew Brooks Date: 7/1/2009 Daytime Phone # 212-644-0345

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

CORPORATION SERVICE COMPANY

L02000025119

ACCOUNT NO. : I20000000195

REFERENCE : 059047 7713649

AUTHORIZATION :

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

ORDER DATE : July 7, 2009

ORDER TIME : 9:39 AM

ORDER NO. : 059047-005

CUSTOMER NO: 7713649

1,071.25

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

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TALLAHASSEE, FLORIDA