

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 26 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

5/26

DOCUMENT # 02000033014

1. Limited Liability Company's Name

4663 Okeechobee Boulevard, LLC

2. Principal Office Address

4663 Okeechobee Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33417

Country

USA

3. Mailing Office Address

C/O Waldman Hirsch & Co, 855 6th Ave

Suite, Apt. #, etc.

623

City & State

New York, NY

Zip

10001

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/10/2002

6. FEI Number

35-2189894

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

United Corporate Services, Inc.

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

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

508

City

Miami

State

FL

Zip Code

33156

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

[Signature]

Date 5/14/04

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
MGRN	Alicia M. Grace	777 Mercer St, Apt 4N	New York, NY 10012

REINSTATEMENT

2003
2004

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

X Alicia M. Grace

Date 5/20/04

Daytime Phone # 212226-8134

Typed or printed name of signing Managing Member/Manager