PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 APR 28 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000034016

1. Limited Liability Company's Name
ACM McCoy Road LLC

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2. Principal Office Address c/o Arbor	3. Mailing Office Address c/o Arbor
Commercial Mortgage - 333 Earle Ovington Blvd.	Commercial Mortgage - 333 Earle Ovington Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Uniondale, N.Y.	City & State: Uniondale, N.Y.
Zip: 11553 Country: USA	Zip: 11553 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: December 18, 2002

6. FEI Number: Applied For / X 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 Boulevard, Suite 508
Suite, Apt. #, Etc.: Suite 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: _____ Date: 4/27/2005
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Sole Member	Arbor Commercial Mortgage, LLC	333 Earle Ovington Blvd	Uniondale, New York 11553

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05/10/05--01076--004 **235.00

REINSTATEMENT 2004-2005

(the authorized signatory of the

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 Authorized Signatory of Managing Member/Manager: _____ Date: 4/26/2005 Daytime Phone #: 516 832-8002

Typed or printed name of signing Managing Member/Manager: Frederick C. Herbst