2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000006004

1. Entity Name
YOUNGER LEVY L.L.C.

FILED
2004 OCT 12 P 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
601 COLLINS AVE.
MIAMI BEACH, FL 33139

Mailing Address
601 COLLINS AVE.
MIAMI BEACH, FL 33139

10062004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
	8 E 41st street
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6th floor
City & State	City & State NYC NY
Zip / Country	Zip 10017 / Country

4. FEI Number 26-0058878 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLSAR, STEVEN ESQ
407 LINCOLN RD., STE. 2A
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2005, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR YUNGER, ISRAEL 601 COLLINS AVE. MIAMI BEACH, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400041819274 10/12/04--01045--002 **50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Younger Israel 8 E 41st street 6th FL NYC NY 10017 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 10/8/04 212-481-8299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #