

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL -5 AM 8:41

DOCUMENT # L03000022816

1. Limited Liability Company's Name

East Pines Center LLC

900077379289
07/12/06--01011--004 **250.00

CR2E041 (8/05)

2. Principal Office Address

PO Box 2074

3. Mailing Office Address

PO Box 2074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Secaucus, NJ

City & State

Secaucus, NJ

Zip
07094

Country
USA

Zip
07094

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/20/2003

6. FEI Number

204833088

☒ 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

~~Friedlander & Associates, PA~~

Friedlander + Kamelhair PC

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

~~One SE Third Avenue~~

2121 SW Third Ave, suite 501

Suite, Apt. #, Etc.

1401

City

Miami

Miami

State

FL

Zip Code

33134

33129

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]

REGISTERED AGENT MUST SIGN

Date 6-28-06

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
MEM	Pembroke Pines Management, Inc.	210 Meadowlands Pky	Secaucus, NJ 07094

REINSTATEMENT 04-06

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

5/10/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Jeffrey Klansky