

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 23 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L03000039326

1. Limited Liability Company's Name

DEL SOL REAL ESTATE L.L.C.

04

*Myk*

CR2E041 (8/05)

2. Principal Office Address  
600 THIRD AVENUE

3. Mailing Office Address  
ONE UNIVERSITY PLAZA

Suite, Apt. #, etc.  
25TH FLOOR

Suite, Apt. #, etc.  
SUITE 206

City & State  
NEW YORK, NEW YORK

City & State  
HACKENSACK, NJ

Zip  
10016

Country  
USA

Zip  
07601

Country  
USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 10/14/2003

6. FEI Number  
56-2404479

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**8. Name and Address of Current Registered Agent**

Name  
JERRY JOSEPH

Street Address (P.O. Box Number is Not Acceptable)  
100 GOLDEN ISLES DRIVE

Suite, Apt. #, Etc.  
SUITE 1204

City  
HALLANDALE BEACH

State  
FL

Zip Code  
33009

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  
OCTOBER 19, 2006

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRM   | MICHAEL SILBERBERG                   | 600 THIRD AVENUE, 25TH FL.                        | NEW YORK, NY 10016 |

REINSTATEMENT 2004-2006

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

*Michael Silberberg*

Date  
10/19/2006

Daytime Phone # (212) 953-9595

Typed or printed name of signing Managing Member MICHAEL SILBERBERG, MANAGING MEMBER