

200.00
9-16-05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 24 AM 9:41

DOCUMENT # L04000025248

1. Limited Liability Company's Name

HAMSA HAND HOLDINGS LLC

100067304994
03/07/06--01018--023 **250.00

CR2E041 (8/05)

2. Principal Office Address
1451 W. Cypress Creek Rd.

Suite, Apt. #, etc.
Suite 300

City & State
Ft. Lauderdale, FL

Zip Country
33309 Broward

3. Mailing Office Address
1451 W. Cypress Creek Rd.

Suite, Apt. #, etc.
Suite 300

City & State
Ft. Lauderdale, FL

Zip Country
33309 Broward

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

April 2, 2004

6. FEI Number
30-0273954

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

Elliot P. Borkson

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

1313 S. Andrews Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code
33316

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

Elliot Borkson
REGISTERED AGENT MUST SIGN

Date 2/2/06

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
MAN	Alan J. Goldberg , Mgr.	1451 W. Cypress Creek Rd. #300	Ft. Lauderdale, FL 33309
MAN	Alan B. Osofsky, Mgr.	12 Lisa Lane,	New York City, NY 10956

REINSTATEMENT 05-06

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 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

Alan Goldberg

Date

1/27/06

Daytime Phone #

954325 7146

Typed or printed name of signing Managing Member/Manager

ALAN J. GOLDBERG