PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 2007 8:00 A.M.
Secretary of State

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06/22/07--01042--009 **250.00

CR2E041 (1/07)

1. Limited Liability Company's Name

251 Lexington Avenue Realty Co., LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Henry J. Kassis, 141 E. 45th Street	c/o Henry J. Kassis, 141 E. 45th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, New York	City & State: New York, New York
Zip: 10017 Country: USA	Zip: 10017 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 06/09/04

6. FEI Number: 01-0710161 ☐ 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: Evans, Leslie R.

Street Address (P.O. Box Number is Not Acceptable): 214 Brazilian Avenue

Suite, Apt. #, Etc.: Suite 200

City: Palm Beach State: FL Zip Code: 33480

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Leslie R. Evans Agt Date: 6/8/07

REGISTERED AGENT MUST SIGN

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
MGRM	Kassis, Henry J.	141 East 45th Street	New York, NY 10017
MGRM	Kassis, Barbara	141 East 45th Street	New York, NY 10017
MGR	Kassis, Henry J.	141 East 45th Street	New York, NY 10017

REINSTATEMENT 2005-07

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 608.408, 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: Henry J. Kassis Date: 6/7/07 Daytime Phone #: 212-687-7300

Typed or printed name of signing Managing Member/Manager: Henry J. Kassis