

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 04 000 04646 7

1. Limited Liability Company's Name

STIRLING 500, LLC

800180495538
05/06/10--01018--021 **5.00
800180495538
05/06/10--01018--020 **516.25
CR2E04 (11/09)

2. Principal Office Address - No P.O. Box #

404 Fifth Ave

3. Mailing Office Address

404 Fifth Ave

Suite, Apt. #, etc.

4TH FLOOR

Suite, Apt. #, etc.

4TH FLOOR

City & State

New York, NY

City & State

New York, NY

Zip

10018

Country

USA

Zip

10018

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

6/21/04

6. FEI Number

80-0112986

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

Oren Lieber, Esq

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

2915 BISCAYNE BLVD.

Suite, Apt. #, Etc.

Suite 300

City

Miami

State

FL

Zip Code

33137

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/5/10

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
MGKM	Chetrit, Juda	404 Fifth Ave 4TH FLOOR	New York, NY 10018

REINSTATEMENT 08-10
DB

11. E-mail Address: OLIEBER@RZLLAW.COM

(To be used for future annual report notifications)

12. 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

5/5/10

Daytime Phone #

305-372-0923

Typed or printed name of signing Managing Member/Manager