

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000055286

1. Limited Liability Company's Name

C CENTER 70, LLC

BK

05

2. Principal Office Address - No P.O. Box #
1111 THIRD AVENUE WEST

3. Mailing Office Address
1111 THIRD AVENUE WEST

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.
SUITE 300

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34205

Country
USA

Zip
34205

Country
USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida 07/26/2004

6. FEI Number
20-1423277

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
DAVID K. DEITRICH

Street Address (P.O. Box Number is Not Acceptable)
1111 THIRD AVENUE WEST

Suite, Apt. #, Etc.
SUITE 300

City
BRADENTON

State
FL

Zip Code
34205

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

Date

8-1-07

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	Gary Munch	16 E. 94th St	New York, NY 10128
<p>REINSTATEMENT 2005-2007</p> <p>BK</p>			

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

Date

Daytime Phone #

(212) 722-2429

Typed or printed name of signing Managing Member/Manager Gary Munch

FILED
07 AUG -1 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000107166520

CR2E041 (1/07)



CORPORATION SERVICE COMPANY

LU 4000055286

RECEIVED

07 AUG -1 PM 12:46

STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 036275 81413A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 255.00

ORDER DATE : August 1, 2007

ORDER TIME : 12:06 PM

ORDER NO. : 036275-005

BK

CUSTOMER NO: 81413A

FILED
07 AUG -1 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: C CENTER 70, LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS _____