SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 13 MAY -7 AM 9:21

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000061036

1. Limited Liability Company's Name
A & S Realty, LLC

CR2E043 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
233 South Federal Highway	233 South Federal Highway
Suite, Apt. #, etc. 109	Suite, Apt. #, etc. 109
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33432 Country U.S.	Zip 33432 Country U.S.

4. State/Country of Formation Florida/USA

5. Date Organized or Qualified To Do Business in Florida August 17, 2004

6. FEI Number 27-0100765 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, etc.
City: Plantation State: FL Zip Code: 33324

E-mail Address:
snapoli@westermanllp.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Patricia M. Rice Date: 5/6/13
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	The Estate of Andrew Sorrentino	c/o Linda Orla, Executrix, 48 Doreen Drive North	Stamford, CT 06902
MGR	Matthew Sorrentino	14 Woodhollow Lane	Fort Salonga, NY 11768

MAY 07 2013
R. HUNT

REINSTATEMENT

11. I certify that I am managing member/manager or the member or member authorized to execute this application as provided for in Chapter 605, 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 605.0401, F.S., and that all taxes 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Date: 5/6/13 Daytime Phone #: (631) 864-2085

Typed or printed name of signing Managing Member/Manager: Matthew Sorrentino

Florida Department of State

Division of Corporations

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1 of 2

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302)531-0855
Fax Number : (850)656-7953

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LIMITED LIABILITY REINSTATEMENT

A & S REALTY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$937.50

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MAY 07 2013
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