L04000071415

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

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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LIMITED LIABILITY REINSTATEMENT

PRADO MANAGER, LLC

Certificate of Status	0
Certified Copy	0
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$ 138.75

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T. HAMPTON
OCT 28 2009
EXAMINER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000071415

1. Limited Liability Company's Name

PRADO MANAGER, LLC

CR2E041 (10/06)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Wharton Realty Group, Inc.		c/o Wharton Realty Group, Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
8 Industrial Way East, 2nd Flr.		8 Industrial Way East, 2nd Flr.	
City & State		City & State	
Eatontown, NJ		Eatontown, NJ	
Zip	Country	Zip	Country
07724	USA	07724	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/01/2004

6. FEI Number: 201786402 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

☑ 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] Date: 10/27/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Daniel Massry	8 Industrial Way East, 2nd Flr.	Eatontown, NJ 07724

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: [signature] Date: 10/27/09 Daytime Phone #: 732-935-0111

Typed or printed name of signing Managing Member/Manager: Daniel Massry

REINSTATEMENT 2009

T. Hampton OCT 28 2009

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