PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
07 JUN 29 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000079930

1. Limited Liability Company's Name

EXECUTIVE UNIVERSITY COURTS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
42 BAYVIEW AVENUE	42 BAYVIEW AVENUE
Suite Apt # etc	Suite Apt # etc
MANHASSET NY	MANHASSET NY
Zip 11030 Country USA	Zip 11030 Country USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida: 09/03/2004

6. FEI Number: 20-1836215 ☐ 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: GREGORY R. COHEN

Street Address (P.O. Box Number is Not Acceptable): 712 U.S. HIGHWAY ONE

Suite, Apt. #, Etc: STE 400

City: NORTH PALM BEACH State: FL Zip Code: 33408

☑ 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: June 14, 2007

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
MGR	RUBIN PIKUS ASSOC LP	42 BAYVIEW AVENUE	MANHASSET NY 11030

700106022107
07/12/07--01052--005 **150.00

REINSTATEMENT
05-07

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 608.406, 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: 5/29/07 Daytime Phone #: 516.869.1240

Typed or printed name of signing Managing Member/Manager: RUBIN PIKUS ASSOC LP by: RUBIN PIKUS