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Florida Department of State
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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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TALLAHASSEE FLORIDA

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Email Address: _____

LIMITED LIABILITY REINSTATEMENT
A & M FLORIDA PROPERTIES III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$238.75

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J. SAULSBERRY
EXAMINER
OCT 4 2010

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # L04000084227

1. Limited Liability Company's Name

A & M Florida Properties III, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
50 Broadway	50 Broadway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
4th Floor	4th Floor
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10004 / USA	10004 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/19/2004

6. FEI Number: 20191106 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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

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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: 09/30/2010

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	Allen Gross	50 Broadway, 4th Floor	New York, NY 10004
MGR	Edith Gross	50 Broadway, 4th Floor	New York, NY 10004
MGRM	Frederick K. Mehlman	50 Broadway, 4th Floor	New York, NY 10004

11. E-mail Address: (To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 608.508, 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: 09/30/2010 Daytime Phone #: 212-897-4685

Typed or printed name of signing Managing Member/Manager: FREDERICK K. MEHLMAN

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