|   | DI  |                          |           | COMPLETING THE FORES   |  |
|---|---|--------------------------|-----------|--|--|
| PLEASE READ ALL INSTRUCTIONS BEFORE C  LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  |   |                          |           | R 24 III   |  |
| DOCUMENT# L 05 00000 3455  1. Limited Liebility Company's Name SCHECHTER MARKET PLACE LLC SCHECHTER MARKET PLACE LLC 12765 W POREST HAIL Blud, #1307 WELLINGTON, FL 33414   |   |                          |           | 300146230003<br>03/19/0901011030 **425.00  |  |
| 2. Principal Office Addr  | ess - No P.O. Box#  | 3. Mating Office Address |           | 4. State/Country of Formation  |  |
| Suite, Apt. #, etc.   |   | Sulto, Apt. #, etc.      |           | 5. Dato Organized or Qualified   |  |
| City & State  |   | City & State             |           | To Do Business in Florida  |  |
| Zip   | Country   | Zip                      | Country   | 7. CERTIFICATE OF STATUS DESIRED \$500 Additional Fee required for a Certificate of Status   |  |
| Street Address (P.O. Box Number is Not Acceptable), 7777 GLANES RO. ## 300  Sulto, Apt_#, Eta  CityBOCA RATON, State Zip Code  33434  |   |                          |           | 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 walved. |  |
| 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 Pale REGISTERED AGENT MUST SIGN  |   |                          |           |  |  |
| 10. Names and Street Addresses of Managing Members/Managers   |   |                          |           |  |  |
| M RICH  | Name of Managing Members/Managore Managing Member/Man  RICHARD A. SCHECHTER 12.5. WYO'EST |                          |           | GOV CITY / State / Zip  WITH #739 Y WELLINGTON, FL 334/19  |  |
| / / ///C//  | 777.00 17:00  | CC 776CAC                |           | 000000000000000000000000000000000000000  |  |
|   |   |                          | S: HAWKES |  |  |
| BEINZLYLEMENT<br>PO 700 C   |   |                          | EXAMINER  |  |  |
| 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 fimited liability company name satisfies the requirements of section 608.406, F.S., and that all foos owed by the fimited filability 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 3/18/09 Daytime Phone # 56/-333-3669  Typed or printed name of eigning Managing Member/Manager RICK 6/AES   |   |                          |           |  |  |

Typed or printed name of signing Managing Member/Manager

## Bainbridge

The Bainbridge Companies

12791 W. Forest Hill Blvd., Suite 5B Wellington, FL 33414 (561) 784-4452 Fax (561) 784-4453

SENT VIA FEDEX Track #: 7974 2650 1172

March 18, 2009

Florida Dept of State Registration Section 2661 W Executive Center Circle Clifton Building Tallahassee, FL 32301

RE: Doc# L05000003455

Schechter Market Place LLC

To Whom It May Concern:

Enclosed please find a reinstatement form for the above mentioned entity along with a check in the amount of \$425.00. Please process as soon as possible.

I can be reached at 561-721-3878 or <a href="wkieszkowski@bainbridgere.com">wkieszkowski@bainbridgere.com</a> if you have questions.

Thank you.

Sincerely,

Uuginia Kirzkowski

Virginia Kieszkowski Corporate Accountant