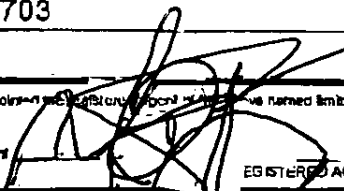
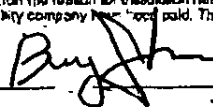


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		300112599803 11/27/07--01023--001 **100.00 07 NOV 15 PM 4:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED	
DOCUMENT # L05000009121 1. Limited Liability Company's Name 06 BELLE RP LLC					
2. Principal Office Address - No P.O. Box # EMPIRE STATE BLDG		3. Mailing Office Address 2665 S. Bayshore Drive		4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 01/27/2005 6. EIN Number 20-2445506	
Suite, Apt. #, etc. 7710		Suite, Apt. #, etc. Suite 703			
City & State NEW YORK, NY		City & State Miami, FL			
Zip 10118	Country USA	Zip 33133	Country USA		
8. Name and Address of Current Registered Agent POLANSKY, MITCHELL S ESQ. 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI				7. CERTIFICATE OF STATUS DESIRED ☒ YES Acquire Fee required for Certificate of Status ☒ A \$300 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 as the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent:  REGISTERED AGENT MUST SIGN Date: 11/12/07					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Names	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	BARRY LEON	350 5TH AVENUE #7710	NEW YORK, NY 10118		
REINSTATEMENT 2006-2007					
11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.408, 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: 11/8/07 Daytime Phone: 212 465 9100 Typed or printed name of signing Managing Member/Manager: Barry Leon					