2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 20, 2009
Secretary of State

DOCUMENT# L05000033360

Entity Name: POAL WK TAFT LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1725 AVENUE M BROOKLYN, NY 11230 US	141 WASHINGTON AVENUE SUITE 201 LAWRENCE, NY 11559 US

Current Mailing Address:	**New Mailing Address:**
1725 AVENUE M BROOKLYN, NY 11230 US	141 WASHINGTON AVENUE SUITE 201 LAWRENCE, NY 11559 US

FEI Number: 20-2654636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
JACOBS, SHOLOM 6365 TAFT STREET SUITE 1001 HOLLYWOOD, FL 33024 US	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHOLOM JACOBS
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:		**ADDITIONS/CHANGES:**	
Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	POAL WK TAFT MEMBER CORP.	Name:	POAL WK TAFT MEMBER CORP.
Address:	1725 AVENUE M	Address:	141 WASHINGTON AVENUE, SUITE 201
City-St-Zip:	BROOKLYN, NY 11230 US	City-St-Zip:	LAWRENCE, NY 11559 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHOLOM JACOBS PD 10/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date