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Account Name : ADAM R. SCHIFFMAN, P.A.
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LIMITED LIABILITY REINSTATEMENT

2704 OCEAN MARINE YACHT CLUB, LLC

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ADAM R. SCHIFFMAN, P.A.
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CONCORDE CENTRE II • SUITE 900
2999 NORTHEAST 191 STREET
AVENTURA, FLORIDA 33180
DADE (305) 682-1328
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TELEFAX NUMBER: (850) 617-6383

FROM: ADAM R. SCHIFFMAN, ESQUIRE
(The original of this document is being retained by the sender but will be transmitted by mail upon request).

OUR FILE #: 2704 Ocean Marine Yacht Club, LLC

DATE: January 22, 2008

TOTAL NUMBER OF PAGES (INCLUDING TRANSMITTAL SHEET): 3


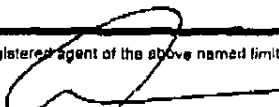

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000040606			
1. Limited Liability Company's Name 2704 OCEAN MARINE YACHT CLUB, LLC			
2. Principal Office Address - No P.O. Box # 1421 SHEEPSHEAD BAY ROAD Suite, Apt. #, etc. 105 City & State BROOKLYN, NEW YORK Zip 11235		3. Mailing Office Address 1421 SHEEPSHEAD BAY ROAD Suite, Apt. #, etc. 105 City & State BROOKLYN, NEW YORK Zip 11235	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-2764685		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
B. Name and Address of Current Registered Agent Name ADAM R. SCHIFFMAN, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191 STREET Suite, Apt. #, Etc. 900 City AVENTURA			
State FL		Zip Code 33180	
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 1/22/08 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LEONID CHERNOY	275 COLERIDGE STREET	BROOKLYN, NEW YORK 11235
REINSTATEMENT <u>2007, 2008</u>			
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 1/22/08 Daytime Phone #	
Typed or printed name of signing Managing Member/Manager ADAM R. SCHIFFMAN			

CR2E041 (12/07)