

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000048428

1. Limited Liability Company's Name

PALE MOON ESTATE LLC

2. Principal Office Address - No P.O. Box #

4 PARKDALE DRIVE

Suite, Apt. #, etc.

City & State

NORTH BABYLON, NEW YORK

Zip

11703-3306

Country

USA

3. Mailing Office Address

4 PARKDALE DRIVE

Suite, Apt. #, etc.

City & State

NORTH BABYLON, NEW YORK

Zip

11703-3306

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 5/17/2005

6. FEI Number

20-2902248

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOSHUA STEIN

Street Address (P.O. Box Number is Not Acceptable)

1210 NW 11TH AVENUE

Suite, Apt. #, Etc.

APT # 2

City

GAINESVILLE

State

FL

Zip Code

32601

☒ 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 waived.

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

REGISTERED AGENT MUST SIGN

Date

10/27/09

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 |
|--------|--------------------------------------|---------------------------------------------------|---------------------|
| MGRM | PETER STERLING | 11 RAEBURN COURT | BABYLON, NY 11702 |
| MGRM | MICHAEL ASFOUR | 10 RED MAPLE LANE | DIX HILLS, NY 11746 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 08-09

RB

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

11-11-09

Daytime Phone #

631-226-7500

Typed or printed name of signing Managing Member/Manager PETER STERLING