L05000051834

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -1 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000051834

1. Limited Liability Company's Name
COSTA TROPICAL MANAGEMENT LLC 06

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16850-112 COLLINS AVE	1431 11th Street,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNNY ISLES BEACH, FL	City & State: Fort Lee, NJ
Zip: 33160 Country: USA	Zip: 07024 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 05/25/2005

6. FEI Number: 20-3217079 ☐ 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: National Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Dr.,

Suite, Apt. #, Etc.: Ste. 4

City: Weston State: FL Zip Code: 33331

☐ 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: _____ Michael Mirrione, Asst. Secretary Date 10/ /2008

REGISTERED AGENT MUST SIGN

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
MGR	Ilona Shtark	1494 15th St.	Fort Lee, NJ 07024
MGRM	Ihor Kravets	190 Knickerbocker Rd. 15	Englewood,NJ 07631
MGR	Yuriy Kravets	190 Knickerbocker Rd. 15	Englewood,NJ 07631
	REINSTATEMENT 2006-2008		400136892094
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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 608.408, 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: Ilona Shtark Date 10/01/2008 Daytime Phone # 212-699-0708

Typed or printed name of signing Managing Member/Manager: Ilona Shtark