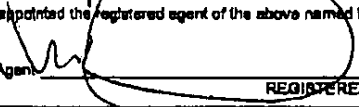
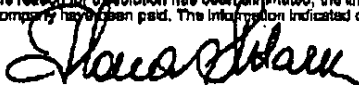


L05000051834

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000051834			
1. Limited Liability Company's Name COSTA TROPICAL MANAGEMENT LLC 06			
2. Principal Office Address - No P.O. Box # 16850-112 COLLINS AVE		3. Mailing Office Address 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 Addition of Fee required for a Certificate of Status			
☐ 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.			
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. Suite 4			
City Weston		State FL	Zip Code 33331
9. I, being appointed 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 		Michael Mirrone, Asst. Secretary Date 10/ /2008	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Iiona Shtark	1494 15th St	Fort Lee, NJ 07024
MGRM	Ihor Kravets	190 Knickerbocker Rd. 15	Englewood, NJ 07631
MGR	Yurty Kravets	190 Knickerbocker Rd. 15	Englewood, NJ 07631
REINSTATEMENT 2006-2008			
400136892094 10/14/08--01005--014 **521.25			
11. I certify that I am managing member/manager or 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 606.406, 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 10/01/2008 Daytime Phone # 212-699-0708	
Typed or printed name of signing Managing Member/Manager Iiona Shtark			