

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000060939

FILED
Oct 24, 2012
Secretary of State

Entity Name: UP AND COMING PROPERTIES, LLC

Current Principal Place of Business:

C/O BERNHARDI COGHILL & ASSOCIATES, LLC
1900 HEMPSTEAD TPKE, SUITE 401
EAST MEADOW, NY 11554 US

New Principal Place of Business:

155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

Current Mailing Address:

C/O BERNHARDI COGHILL & ASSOCIATES, LLC
1900 HEMPSTEAD TPKE, SUITE 401
EAST MEADOW, NY 11554 US

New Mailing Address:

PO BOX 81
NORTHPORT, NY 11768 US

FEI Number: 20-3026933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLSTATE CORPORATE SERVICES CORP.
653 WEST 23RD STREET
SUITE 229
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

ALLSTATE CORPORATE SERVICES CORP.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 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: SAL ABECASIS

10/24/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TAST, PETER
Address: 11 MAKAMAH BEACH RD
City-St-Zip: NORTHPORT, NY 11768 US

Title: MGRM
Name: LIEGH, BRENDAN
Address: 32 INWOOD STREET
City-St-Zip: YONKERS, NY 10704 US

Title: MGRM
Name: MCMAHON, SUZANN
Address: 6 CROCUS LANE
City-St-Zip: FORT SALONGA, NY 11768 US

Title: MGRM
Name: DEPPLITO, KAREN
Address: 2 WOODMERE DRIVE
City-St-Zip: FORT SALONGA, NY 11768 US

I hereby 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: PETER TAST

MGRM

10/24/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date