PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 MAR 24 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/04)

DOCUMENT # L05000075071

1. Limited Liability Company's Name

Lake City Plaza, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
99 W. Hawthorne Ave.	99 W. Hawthorne Ave.
Suite, Apt. #, etc.: Suite 218	Suite, Apt. #, etc.: Suite 218
City & State: Valley Stream NY	City & State: Valley Stream, NY
Zip: 11580 County: Nassau	Zip: 11580 County: Nassau

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7/27/05

6. FEI Number: 59-3824873 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☒ 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: [signature] Arlene Bernal Vice President Date: 03/24/08

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	Daniel Wiener	18911 Collins Ave. #2002	Sunny Isles Beach, FL 33160

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 the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 3.19.08 Daytime Phone#: 516 593-0660

Typed or printed name of signing Managing Member/Manager: Daniel Wiener

LAKE CITY PLAZA LLC
99 WEST HAWTHORNE AVENUE
VALLEY STREAM, N.Y. 11580

516 593-0660
516 593-7376

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TALLAHASSEE, FLORIDA

March 24, 2008

Secretary of State Florida
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concen:

As I did not receive the Annual Registration Report for Lake City Plaza LLC for the 2007 year, I am now requesting the reinstatement of the above LLC.

Thank you

Sincerely,,

Lake City Plaza LLC

Daniel Wiener, Member

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LIMITED LIABILITY REINSTATEMENT

LAKE CITY PLAZA, LLC

Certificate of Status	0
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$377.50

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