

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000075096

Entity Name: 720 US 1, LLC.

FILED  
Oct 09, 2007  
Secretary of State

**Current Principal Place of Business:**

1100 CONEY ISLAND AVE  
3RD FLOOR  
BROOKLYN, NY 11230

**New Principal Place of Business:**

**Current Mailing Address:**

1100 CONEY ISLAND AVE  
3RD FLOOR  
BROOKLYN, NY 11230

**New Mailing Address:**

FEI Number: 20-3229437      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROY R. LUSTIG, P.A.  
2600 DOUGLAS ROAD  
SUITE 908  
CORAL GABLES, FL 33134 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: BORIS MOTOVICH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM (X) Delete  
Name: LATARIA, NUGZAR  
Address: 19470 39TH CT.  
City-St-Zip: GOLDEN BEACH, FL 33160

Title: MGRM ( ) Delete  
Name: MOTOVICH, BORIS  
Address: 1100 CONEY ISLAND AVE. 3RD FLOOR  
City-St-Zip: BROOKLYN, NY 11230

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BORIS MOTOVICH

MGRM

10/09/2007

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