

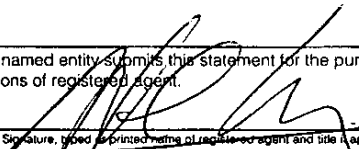
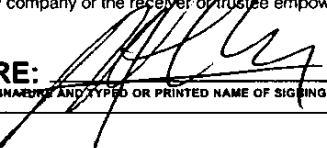


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 10:23

DOCUMENT # L05000096535 1. Entity Name HERITAGE SQUARE V, LLC					
Principal Place of Business 2701 LEJEUNE ROAD SUITE 404 CORAL GABLES, FL 33134			Mailing Address 2701 LEJEUNE ROAD SUITE 404 CORAL GABLES, FL 33134		
2. Principal Place of Business 244 MADISON AVE		3. Mailing Address 244 MADISON AVE			
Suite, Apt. #, etc. PMB 344		Suite, Apt. #, etc. PMB 344		11062006 REIN-LLC CR2E101 (11/05)	
City & State NEW YORK, NY		City & State NEW YORK, NY		4. FEI Number 38-3728309	
Zip 10016 Country USA		Zip 10016 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMAN, BRUCE J ESQ 2701 LE JEUNE ROAD SUITE 404 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  MATHIEU SORDENBERG 10-31-06 <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		MEMBER NAME STREET ADDRESS CITY-ST-ZIP MATHIEU SORDENBERG 244 MADISON AVENUE, PMB 344 NEW YORK, NY 10016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		MEMBER NAME STREET ADDRESS CITY-ST-ZIP HAURICE LEVY 244 MADISON AVENUE, PMB 344 NEW YORK, NY 10016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 800082117268 11/28/06--01075--006 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 2006	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			MATHIEU SORDENBERG 10-31-06 212-213-8120 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		