FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV 13 P 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/29/07--01073--001 **50.00

CR2E041 (1/07)

DOCUMENT # L05000102927

1. Limited Liability Company's Name

MIDA COMMONS, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
C/O MILLBROOK PROPERTIES LTD		C/O MILLBROOK PROPERTIES LTD	
Suite, Apt. #, etc. 42 BAYVIEW AVE		Suite, Apt. #, etc. 42 BAYVIEW AVE	
City & State MANHASSET, NY		City & State MANHASSET, NY	
Zip 11030	Country USA	Zip 11030	Country USA

4. State/Country of Formation FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida 10/19/2005

6. FEI Number 13-4314638 ☐ 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: GREGORY COHEN

Street Address (P.O. Box Number is Not Acceptable): 712 U.S. HIGHWAY ONE,

Suite, Apt. # Etc.: STE 400

City: NORTH PALM BEACH | State: FL | Zip Code: 33408

☑ 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 _____ Date 10-25-07

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	PIKUS, RUBIN	42 BAYVIEW AVE	MANHASSET, NY 11030
MGR	KAHN, GARY	10 ESQUIRE RD., STE 4	NEW CITY, NY 109056
MGR	HIRSCH, CHARLES	42 BAYVIEW AVE	MANHASSET, NY 11030
		REINSTATEMENT 07	

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 608.508, 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 10/29/07 Daytime Phone # 516.869.1240

Typed or printed name of signing Managing Member/Manager RUBIN PIKUS, MANAGER