


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L05000114682**

1. Limited Liability Company's Name

MABOR REALTY AND FINANCIAL CO. LLC

2. Principal Office Address - No P.O. Box #

8775 W.FLAGLER ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33174

Country

MIAMI-DADE

Zip

Country

8. Name and Address of Current Registered Agent

Name

MAURICE BORYSOWSKI

Street Address (P.O. Box Number is Not Acceptable)

8775 W.FLAGLER ST

Suite, Apt. #, Etc.

City

MIAMI-DADE

State

FL

Zip Code

33174

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

SAME
REGISTERED AGENT MUST SIGN

Date **NOVEMBER 12, 2008**

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	MAURICE BORYSOWSKI	20721 NE 21 CT.	MIAMI,FLORIDA 33179
MGR	ADRIANA P. BORYSOWSKI	20721 NE 21 CT.	MIAMI,FLORIDA 33179

REINSTATEMENT 07-08

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 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 **11/12/2008**

Daytime Phone# **305-221-1312**

Typed or printed name of signing Managing Member/Manager **MAURICE BORYSOWSKI**

FILED

2008 DEC -5 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300138139173
11/20/08--01045--003 **143.75

500138957715
12/11/08--01027--011 **138.75
CR2E041 (10/08)

4. State/Country of Formation
FLORIDA - U.S.A.

5. Date Organized or Qualified
To Do Business in Florida **11/30/2005**

6. FEI Number
562547194

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.