PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 9 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/13/09--01061--004 **416.25

CR2E041 (10/06)

DOCUMENT # L05000119462

1. Limited Liability Company's Name
6545 Terrace Realty LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6545 Southwest 50th Terrace	6545 Southwest 50th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Florida	City & State: Ocala, Florida
Zip: 34474 Country: USA	Zip: 34474 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: December 14, 2005

6. FEI Number: None ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Alan Francis Ruf, Esq.
Street Address (P.O. Box Number is Not Acceptable): 2455 East Sunrise Boulevard
Suite, Apt. #, Etc.: Suite 609
City: Ft. Lauderdale State: FL Zip Code: 33304

☒ 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 September 14, 2009
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
MGRM	Russell T. Guastafeste	2882 Scott Road	Wantagh, New York 11793
MGRM	Anthony Guastefeste	11 Maple Run	Jericho, New York 11743
MGRM	Evelyn Yalung	11 Maple Run	Jericho, New York 11743
MGRM	Charles Cascio	797 Michele Lane	Wantagh, New York 11793

REINSTATEMENT 0609 CB

Please Return

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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 Tony Guastafeste/fg Date Sept. 14, 2009 Daytime Phone # 516 849 2183

Typed or printed name of signing Managing Member/Manager _____