

Oct 03 2007 4:31PM

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# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                                |                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000006156</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                               |                                                                                                        |
| 1. Entity Name<br><b>CLEARWAY PROPERTIES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                                                                                                                                |                                                                                                        |
| Principal Place of Business<br><del>7491 WEST OAKLAND PARK BLVD.</del><br><del>LAUDERDALE, FL 33319 US</del>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                | Mailing Address<br><del>7491 WEST OAKLAND PARK BLVD.</del><br><del>LAUDERDALE, FL 33319 US</del>                               |                                                                                                        |
| 2. Principal Place of Business - No P.O. Box #<br><b>7491 WEST OAKLAND PARK BLVD.</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | 3. Mailing Address<br><b>7491 WEST OAKLAND PARK BLVD.</b>                                                                      |                                                                                                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | Suite, Apt. #, etc.                                                                                                            |                                                                                                        |
| City & State<br><b>LAUDERHILL, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | City & State<br><b>LAUDERHILL, FL</b>                                                                                          |                                                                                                        |
| Zip<br><b>33319</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br><b>US</b>                                                                                           | Zip<br><b>33319</b>                                                                                                            | Country<br><b>US</b>                                                                                   |
| 4. FEI Number<br><b>20-4127565</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Applied For<br>Not Applicable                                                                                                  |                                                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | \$5.00 Additional Fee Required                                                                                                 |                                                                                                        |
| A. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | 7. Name and Address of New Registered Agent                                                                                    |                                                                                                        |
| <b>RITTER ZARETSKY &amp; LIEBER LLP</b><br><b>555 NE 15TH STREET</b><br><b>SUITE 100</b><br><b>MIAMI, FL 33130</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | DATE<br><i>10/3/07</i>                                                                                                         |                                                                                                        |
| FILE NOW!!! FEE IS \$80.00<br>After January 1, 2008, Fee will be \$100.00                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.                     |                                                                                                        |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                | 10. ADDITIONS/CHANGES                                                                                                          |                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                        | MGRM<br><b>SCHENIER, ELIEZER</b><br><del>7491 WEST OAKLAND PARK BLVD.</del><br><del>LAUDERDALE, FL 33319</del> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | MGRM<br><b>SCHENIER, ELIEZER</b><br><b>7491 WEST OAKLAND PARK BLVD.</b><br><b>LAUDERHILL, FL 33319</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | MEMBER<br><b>BENJAMIN KLEIN</b><br><b>7491 WEST OAKLAND PARK BLVD.</b><br><b>LAUDERHILL, FL 33319</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><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: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | <b>ELIEZER SCHENIER</b> 10/3/07 3056730297<br>Date Daytime Phone #                                                             |                                                                                                        |

SEC  
DIVISION

07 OCT 16 PM 3:00



10032007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-4127565 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 *[Signature]* DATE *10/3/07*

 FILE NOW!!! FEE IS \$80.00  
 After January 1, 2008, Fee will be \$100.00  
 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  
 Make check payable to: Secretary, Department of State

| 9. MANAGING MEMBERS/MANAGERS                                                                                   | 10. ADDITIONS/CHANGES                                                                                                          |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| MGRM<br><b>SCHENIER, ELIEZER</b><br><del>7491 WEST OAKLAND PARK BLVD.</del><br><del>LAUDERDALE, FL 33319</del> | MGRM<br><b>SCHENIER, ELIEZER</b><br><b>7491 WEST OAKLAND PARK BLVD.</b><br><b>LAUDERHILL, FL 33319</b>                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                                                                                | MEMBER<br><b>BENJAMIN KLEIN</b><br><b>7491 WEST OAKLAND PARK BLVD.</b><br><b>LAUDERHILL, FL 33319</b>                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                |                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                |                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><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: *[Signature]* **ELIEZER SCHENIER** 10/3/07 3056730297  
 Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE 274907 83216A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 55.00

ORDER DATE : October 16, 2007

ORDER TIME : 1:44 PM

ORDER NO. : 274907-005

CUSTOMER NO: 83216A

DOMESTIC FILINGS

NAME: CLEARWAY PROPERTIES, LLC

RECEIVED  
07 OCT 16 PM 2:43  
STATE OF FLORIDA  
DEPT. OF REVENUE

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - Ext# 2916

EXAMINER'S INITIALS \_\_\_\_\_