

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

13 AUG -8 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**  
1. Limited Liability Company's Name  
240 Angler Avenue LLC  
Document Number LD6000021508

2. Principal Office Address - No P.O. Box # Att. Hemisphere Management, 120 Wood Avenue South		3. Mailing Office Address Att. Hemisphere Management, 120 Wood Avenue South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Iselin, NJ		City & State Iselin, NJ	
Zip 08830	Country USA	Zip 08830	Country

CR2E041 (1/11)

4. State/Country of Formation  
Florida, United States

5. Date Organized or Qualified To Do Business in Florida  
Feb. 2006

6. FEI Number  
38-3752120

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  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

E-mail Address:  
200250596252

DBRUCK@greenbaumlaw.com

(To be used for future annual report notices)

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.

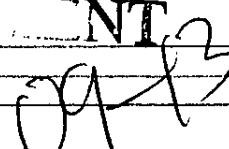
Signature of Registered Agent  Sue G. Knight  
Assistant Vice President Date 08/09/2013

REGISTERED AGENT MUST SIGN

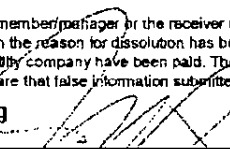
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	James K. Wolosoff	Att: Hemisphere Management, 120 Wood Avenue South	Iselin, NJ 08830

REINSTATEMENT



11. I certify that I am managing member/partner 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date 08/08/2013 Daytime Phone # 732-549-5600

Typed or printed name of signing Managing Member/Manager

WILLIAMS AUG - 8 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 758545 4723960

AUTHORIZATION :

COST LIMIT : \$ 793.75

*DeLeon*

ORDER DATE : August 9, 2013

ORDER TIME : 1:17 PM

ORDER NO. : 758545-005

CUSTOMER NO: 4723960

RECEIVED  
13 AUG -9 PM 1:49  
DIVISION OF CORPORATIONS

DOMESTIC FILINGS

NAME: 240 ANGLER AVENUE LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

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