


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 16 PM 1:59

DOCUMENT # L06000028167		
1. Entity Name ASPINWALL, LLC		

Principal Place of Business 2100 PRINCETON COURT BOX 517 ALLENWOOD, NJ 08720	Mailing Address 2100 PRINCETON COURT BOX 517 ALLENWOOD, NJ 08720
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11212008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5071419	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRZOSTEK, LARRY 1751 MOUND STREET SARASOTA, FL 34236 <i>- SEE ADDRESS CHANGE -&gt;</i>		7. Name and Address of New Registered Agent Name: LARRY BRZOSTEK Street Address (P.O. Box Number is Not Acceptable): C/O REMAX ALLIANCE GROUP 2000 WEBBER ST City: SARASOTA FL Zip Code: 34239	
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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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: 12/11/08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MISHAN, EDDIE 230 5TH AVE, SUITE 800 NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000138993070 12/12/08--01046--002 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DALEY, PATRICIA 2100 PRINCETON COURT, BOX 517 ALLENWOOD, NJ 08720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: 12/11/08	Daytime Phone #: 941-993-3125
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REINSTATEMENT 2008