2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 OCT 30 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/29/07--01073--002 **50.00

DOCUMENT # L06000032201

1. Entity Name
SHOPPES AT PEMBROKE, LLC

Principal Place of Business	Mailing Address
42 BAYVIEW AVE. C/O MILBROOK PROPERTIES LTD MANHASSET, NY 11030	42 BAYVIEW AVE. C/O MILBROOK PROPERTIES LTD MANHASSET, NY 11030

10282007 REIN-LLC CR2E101 (1/07)

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

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, GREGORY 712 U.S HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408	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 _____ 10-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $60.00
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 Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PIKUS, RUBIN 42 BAYVIEW AVE MANHASSET, NY 11030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KAHN, GARY 42 BAYVIEW AVE MANHASSET, NY 11030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HIRSCH, CHARLES 42 BAYVIEW AVE MANHASSET, NY 11030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2007	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Rubin Pikus, Manager 10/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #