


**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2007 OCT 30 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000057162 1. Entity Name 29 & 2 REALTY LLC	
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Principal Place of Business 625 BROADWAY NEW YORK, NY 10012	Mailing Address 625 BROADWAY NEW YORK, NY 10012
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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

10092007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5069158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

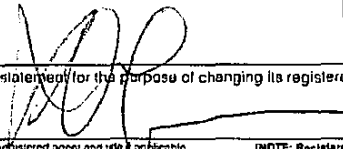
6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G ESQ.
90 ALMERIA AVENUE
CORAL GABLES, FL 33134

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.

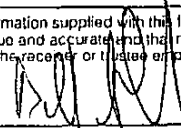
SIGNATURE  DATE 10/10/07

Signature, typed (or printed name of registered agent) and title, as applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
		MGR Billy Shalom 625 Broadway New York, NY 10012	
		MGR Isaac Shalom 625 Broadway New York, NY 10012	
		300111013803 10/19/07--01049--007 **55.00	
		REINSTATEMENT 2007	

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 or authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 10/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE