


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|---|---|---|
| <div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div> | | <div style="display: flex; justify-content: space-between;"><div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div><div>08 OCT 29 PM 2: 19</div></div> | |
| DOCUMENT # L07000029434 | | | |
| 1. Corporation Name 1900 BRADFORD LLC | | | |
| 2. Principal Office Address - No P.O. Box # 3000 Ave K | | 3. Mailing Office Address 3000 Ave K | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Brooklyn NY | | City & State Brooklyn NY | |
| Zip 11210 | Country US | Zip 11210 | Country US |
| 4. Date incorporated or Qualified To Do Business in Florida | | | |
| 5. FEI Number 20-8678771 | | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Applied For</div><div><input type="checkbox"/> Not Applicable</div></div> | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75. Additional Fee required for a Certificate of Status. | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name Stein, Eric P ESQ | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1820 NE 163 Street | | | |
| Suite, Apt. #, Etc. Suite - 100 | | | |
| City North Miami | | State FL | Zip Code 33162 |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. | | | |
| Signature of Registered Agent [Signature] | | Date 10/17/08 | |
| REGISTERED AGENT MUST SIGN | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| Pres | Howard S. Podolsky | 3000 Ave K | Brooklyn NY 11210 |
| 000137326070 10/27/08--01058--002 **150.00 | | | |
| <div style="display: flex; align-items: center; justify-content: center;"><div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.5em;">REINSTATEMENT</div><div style="margin-left: 20px; font-size: 1.5em;">2008</div></div> | | | |
| 10. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. | | | |
| SIGNATURE: [Signature] | | | |
| SIGNATURE AND TITLE OF REGISTERED AGENT OR SECRETARY OF CORPORATION | | Date | Daytime Phone # |