2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 OCT 21 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700137122227

10152008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L07000050320

1. Entity Name
COLLINS CORNER MEMBER LLC

Principal Place of Business	Mailing Address
C/O MARGULES PROPERTIES, INC. 381 PARK AVENUE SOUTH, SUITE 1420 NEW YORK, NY 10016	C/O MARGULES PROPERTIES, INC. 381 PARK AVENUE SOUTH, SUITE 1420 NEW YORK, NY 10016

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 26-0195825 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 [signature] Sue G. Knight as its agent 2-21-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARGULES, ERIC 381 PARK AVENUE SOUTH, SUITE 1420 NEW YORK, NY 10016 ☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2008	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: [signature] 10/20/08 212-684-7079, 19
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY

L07000050320

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 763865 4319480

AUTHORIZATION :

COST LIMIT : $ 243.75

ORDER DATE : October 20, 2008

ORDER TIME : 8:49 AM

ORDER NO. : 763865-010

CUSTOMER NO: 4319480

DOMESTIC FILINGS

RECEIVED
08 OCT 21 AM 10:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: COLLINS CORNER MEMBER LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____