PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
10 MAR 26 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/26/10--01040--008 **516.25

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L07000069088

1. Limited Liability Company's Name
RYBREE LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
52 East 73rd ST.	52 East 73rd ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, N.Y.
Zip: 10021 Country: U.S.A.	Zip: 10021 Country: U.S.A.

4. State/Country of Formation: FL/U.S.A.
5. Date Organized or Qualified To Do Business in Florida: 7/2/07
6. FEI Number: 26-0851437 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: UNITED CORPORATE SERVICES INC.
Street Address (P.O. Box Number is Not Acceptable): 9200 SOUTH DADELAND BLVD.
Suite, Apt. #, Etc.: SUITE 508
City: MIAMI State: FL Zip Code: 33156

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 3/25/2010
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	NOREEN DONOVAN ROTH	52 EAST 73RD ST.	NEW YORK, N.Y. 10021
MGR	PETER ROTH	52 EAST 73RD ST.	NEW YORK, N.Y. 10021
MGR	JOSEPH J. DONOVAN	3298 TIERNEY PLACE	BRONX, N.Y. 10465
MGR	LISA R. RADETSKY	1501 BROADWAY, 22ND FL	NEW YORK, N.Y. 10036
		REINSTATEMENT 2008-10	

JB

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 3/25/10 Daytime Phone #: 646-346-9400

Typed or printed name of signing Managing Member/Manager: _____