


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000073333			
1. Limited Liability Company's Name  WILTON WALK TOWNHOMES, LLC			
2. Principal Office Address - No P.O. Box # 615 Baltic Street Suite, Apt. #, etc.		3. Mailing Office Address 615 Baltic Street Suite, Apt. #, etc.	
City & State Brooklyn, NY		City & State Brooklyn, NY	
Zip 11217	Country USA	Zip 11217	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 07/16/2007	
6. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Arthur C. Neiwrth, Esquire Street Address (P.O. Box Number is Not Acceptable) 401 East Las Olas Blvd. Suite, Apt. #, Etc. Suite 1650 City Fort Lauderdale State FL Zip Code 33301			
<input type="checkbox"/> 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 <u>/s/ Arthur C. Neiwrth, Esquire</u> Date <u>11/12/2008</u> 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	Tonacchio, Domenick	615 Baltic Street	Brooklyn, NY 11217
MGR	Lipsitz, Barry	615 Baltic Street	Brooklyn, NY 11217
11. 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 <u>/s/ Domenick Tonacchio</u> Date <u>11/12/2008</u> Daytime Phone # <u>718-399-3258</u> Typed or printed name of signing Managing Member/Manager <u>Domenick Tonacchio</u>			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2008