
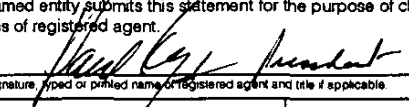
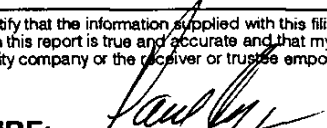


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| DOCUMENT # L07000078892 1. Entity Name LINCOLN EAST LLC | | | |  | |
| Principal Place of Business 420 LINCOLN ROAD, SUITE 330 MIAMI BEACH, FL 33139 | | | Mailing Address 420 LINCOLN ROAD, SUITE 330 MIAMI BEACH, FL 33139 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 10302008 REIN-LLC CR2E101 (1/07) | |
| Zip | Country | Zip | Country | 4. FEI Number 26-0635968 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 | | | 7. Name and Address of New Registered Agent Name PLC Investments, Inc. Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Road Suite 330 City Miami Beach FL Zip Code 33139 | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable</small> | | (NOTE: Registered Agent signature required when reinstating) | | DATE 10/30/08 | |
| FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 | | 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 | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CEIAS, PAUL L | | NAME | 200137679812 | |
| STREET ADDRESS | 420 LINCOLN ROAD, SUITE 330 | | STREET ADDRESS | 11/05/08--01043--015 **138.75 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | REINSTATEMENT 2008 | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | DATE 10/30/08 (305) 531-5220 <small>Daytime Phone #</small> | | |