

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV -4 PM 5: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000088549					
1. Entity Name MORRIS SATNICK FT. PIERCE ASSOC II, LLC					
Principal Place of Business 350 VETERANS BLVD RUTERFORD, NJ 07070			Mailing Address 350 VETERANS BLVD RUTERFORD, NJ 07070		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 10272008 REIN-LLC CR2E101 (1/07)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAVA, MARK 1901 S US HWY 1 FT. PIERCE, FL 34950			7. Name and Address of New Registered Agent 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 _____ (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 BAVA, MARK 350 VETERANA BLVD. RUTHERFORD, NJ 07070	<input type="checkbox"/> Delete			
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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: _____ 10/27/08 201-804-8700					

REINSTATEMENT