2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L07000088549



FILED

1. Entity Name MORRIS SATNICK FT. PIERCE ASSOC II, LLC						2008 NOV -4 PM 5: SECRETARY OF STATALLAHASSEE, FLOO		
Principal Place 350 VETERAL RUTERFORD,	NS BLVD	1	Mailing Address 350 VETERANS BLVD RUTERFORD, NJ 07070			IALLAHASSEE, FLOI	RIDA	
2. Principal Pl	ace of Busin	ess - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10272008 REIN-LLC CR2E101 (1/07)		
City & State			City & State				lied For Applicable	
Zip	Country		Zip Country		try	Certificate of Status Desired		
6. Name and Address of Current R			egistered Agent Name		Name	7. Name and Address of New Registered Agent		
BAVA, MARK 1901 S US HWY 1 FT. PIERCE, FL 34950			Street Address		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, a the obligations of registered agent.							ind accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	NOWIII F	EE IS \$238.75 9, Fee will be \$377.50				Make check payable to Florida Department of State		
9.	110014	MANAGING MEMBER		10.	1	ADDITIONS/CHANGES	Property of the Party of the Pa	
TITLE NAME	MGRM BAVA, MA	ARK	☐ Delete	TITL!		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	350 VETE	RANA BLVD. FORD, NJ 07070		STRE	EET ADDRESS -ST-ZIP	600137425276 10/29/0801030007 **23	38.75	
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CITY-ST-ZIP					-ST-ZIP			
TITLE	1			TITL	II	☐ Change	Addition	
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STREET ADDRESS CITY+ST+ZIP	İ				- 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 endowed to execute this report as required by Chapter 608, Florida Statutes.								