2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 30, 2009
Secretary of State

DOCUMENT# L08000010357

Entity Name: MY FAVORITE SHOPPES PLAZA LLC

Current Principal Place of Business:

6725 W. CENTRAL AVENUE, SUITE U
TOLEDO, OH 43617

New Principal Place of Business:

Current Mailing Address:

3701 N. COUNTRY CLUB DR.
1404
AVENTURA, FL 33180

New Mailing Address:

6725 W. CENTRAL AVENUE, SUITE U
TOLEDO, OH 43617

FEI Number: 26-2212325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DELAINE CASE, ASST. SECRETARY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SALLAH, CHARLES H
Address: 6725 W. CENTRAL AVENUE, SUITE U
City-St-Zip: TOLEDO, OH 43617

Title: MGRM ( ) Delete
Name: EIDI, RAMY
Address: 6725 W. CENTRAL AVE. SUITE U
City-St-Zip: TOLEDO, OH 43617

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAMY EIDI MGRM 11/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date