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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR - 1 PM 12: 23

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000014446

1. Limited Liability Company's Name
JEFFREY DRIVE LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
345 Park Ave.
Suite, Apt. #, etc. 33rd Fl / Adler
City & State New York, NY
Zip 10154 Country USA

3. Mailing Office Address
345 Park Ave.
Suite, Apt. #, etc. 33rd Fl / Adler
City & State New York, NY
Zip 10154 Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
February 8, 2010

6. FEI Number Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED State Agencies are required to file certificates of status.

8. Name and Address of Current Registered Agent

Name CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd

City Plantation State FL Zip 33324

E-mail Address:
dadler@gfl.legal.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the provisions of Chapter 609, F.S.

Signature of Registered Agent Debbie Diaz Debbie Diaz Date 2/28/2013

REGISTERED AGENT MUST SIGN Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>Donald D. Adler</u>	<u>345 Park Ave. 33rd Fl</u>	<u>New York, NY 10154</u>

REINSTATEMENT **MAR 01 2013**

R. HUNT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 609, 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 608.408, 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. I am aware that false information furnished to the Department of State constitutes a third degree felony as provided for in s.817.108, F.S.

Signature of Managing Member/Manager [Signature] Date 2/28/13 Daytime Phone # 2128919100

Typed or printed name of signing Managing Member/Manager _____

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LIMITED LIABILITY REINSTATEMENT
JEFFREY DRIVE LLC

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