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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.		3. Mailing Office Address 345 Park Ave.	
State, A.S. & c. 33rd Fl / Adler		State, A.S. & c. 33rd Fl / Adler	
City & State New York, NY		City & State New York, NY	
Zip 10154	Country USA	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 a certificate 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, A.S. & c.
FL 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 602, 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
MGR	Donald D. Adler	345 Park Ave. 33rd Fl	New York, NY 10154

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 606, 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 606.408, 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.817.106, 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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