FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L12000132261

1. Limited Liability Company's Name

4657 Alhama Street, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
601 East 80th Street	601 East 80th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooklyn, N.Y.	City & State: Brooklyn, N.Y.
Zip: 11236 Country: U.S.A.	Zip: 11236 Country: U.S.A.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/17/2012

6. FEI Number: [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: Steven L. Barcus

Street Address (P.O. Box Number is Not Acceptable): 222 Newburyport Avenue

Suite, Apt. #, Etc.:

City: Altamonte Springs State: FL Zip Code: 32701

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9. I, being appointed the registered agent of the above named company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Steven L Barcus Date:

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Leslie Salomon	601 East 80th Street	Brooklyn, N.Y. 11236
MGRM	Kevin Salomon	601 East 80th Street	Brooklyn, N.Y. 11236
		reinstatement	2013-2014
			dlcc 1/6

11. E-mail Address: koolsav718@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Kevin Salomon Date: 12-22-2014 Daytime Phone #:

Typed or printed name of signing Authorized Representative/Manager: Kevin Salomon