PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 29 AM 9:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L95000009324

1. Limited Liability Company's Name
12550, L.C.

2. Principal Office Address	3. Mailing Office Address
12550 Biscayne Blvd.	P.O. Box 300434
Suite, Apt. #, etc. #508	Suite, Apt. #, etc.
City & State Miami, Florida	City & State Brooklyn, NY
Zip 33181 / Country USA	Zip 11230 / Country USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 4/28/1995
6. FEI Number: 650577581 — Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name: Eric A. Jacobs, Esq.
Florida street address (P.O. Box NOT acceptable): 1911 Harrison street
City: Hollywood, State: FL, Zip Code:

200027892442
01/29/04--01059--007 **255.00

9. I, being appointed the registered agent, hereby accept the appointment and agree to comply with the provisions of all statutes relating to registered agents and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is filed by a street address, I hereby confirm that the limited liability company has a street address in Florida.

Signature of Registered Agent _____ (Signature of Registered Agent) Date _____

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Harry Vorhand	P.O. Box 439	Brooklyn, NY 11230
MGR	Milan Vorhand	P.O. Box 439	Brooklyn, NY 11230
MGR	Thomas Vorhand	P.O. Box 439	Brooklyn, NY 11230
		REINSTATEMENT 02-04 CVS	
			dcc

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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.

Signature of Managing Member/Manager _____ Date 01/18/2004 Daytime Phone# 718-438-8701

Typed or printed name of signing Managing Member/Manager: Harry Vorhand

MARC A. BEN-EZRA, P.A.
FULL SERVICE REAL ESTATE LAW
951 N.E. 167TH STREET. SUITE 204 NORTH MIAMI BEACH. FL 33162 P 305.770.4100 F 305.653.2929 FCLLAW.COM CLOSINGLAW.COM

January 23, 2004

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Re: 12550, L.C.

Please find enclosed Reinstatement Form and Statement of Change of Registered Agent re the above.

Also enclosed is a check in the amount of $255.00 in payment of Filing and Reinstatement Fees, as well as $5.00 for a certified copy.

Please send the certified copy to the attention of the undersigned at Marc A. Ben-Ezra, P.A., 951 NE 167 Street, Suite 204, North Miami Beach, Florida.

If you have any questions, please call me directly at 305-770-4100, ext 239.

Very truly yours,

Ann Brugnaro
Legal Assistant