

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L96000000744

1. Limited Liability Company's Name

ANA REAL ESTATE, LLC

REINSTATEMENT 2000

2. Principal Office Address

215 West 83 Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10024

Country

USA

3. Mailing Office Address

215 West 83 Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10024

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

7/11/96

6. FEI Number

58-2253585

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 **Jeffrey C. Roth**

Street Address (P.O. Box Number is Not Acceptable)

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 176

City

Coral Gables

400003465164--2

-11/16/00--01001--027

*****5.00 *****5.00

State

FL

Zip Code

33146

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Jeffrey C. Roth

REGISTERED AGENT MUST SIGN

Date 10/31/00

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
MGRM	Arthur Leeds	215 West 83 Street	New York, NY 10024
MGRM	Susan Leeds	215 West 83 Street	New York, NY 10024
			400003465164--2
			-11/16/00--01001--028
			*****150.00 *****150.00

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

Arthur Leeds

Date

10/17/00

Daytime Phone #

212-874-6400

Typed or printed name of signing Managing Member/Manager **Arthur Leeds**