

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

Park Isle Associates LLC

**REINSTATEMENT 2001**

2. Principal Office Address

780 73<sup>rd</sup> St

Suite, Apt. #, etc.

Apt #3

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Office Address

P.O. Box 250217 Letter Station

Suite, Apt. #, etc.

City & State

Brooklyn, NY

Zip

11225

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

8/5/96

6. FEI Number

11-2945253

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mendel Drizin

800004676898-4

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

780 73<sup>rd</sup> Street

-11/13/01-01071-025

\*\*\*\*155.00 \*\*\*\*158.00

Suite, Apt. #, Etc.

Apt. #3

City

Miami Beach

State

FL

Zip Code

33141

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

*Mendel Drizin*  
REGISTERED AGENT MUST SIGN

Date

10/25/01

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	Mendel Drizin	447 - Crown Street	Brooklyn, NY 11225

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

*Mendel Drizin*

Date

10/25/01

Daytime Phone #

718-756-0121

Typed or printed name of signing Managing Member/Manager

Mendel Drizin

CR2ED41 (9/01)