

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

01 DEC 12 PM 1:37

DOCUMENT # L 97000001272
1. Limited Liability Company's Name JDH-LINCOLN, L.C.

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

FL, Dade

5. Date Organized or Qualified
To Do Business in Florida

11/13/97

6. FEI Number

65-0792563

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

ELLEN ROSE, Esq. % Therrel Basden, P.A.

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

Suntrust International Center

Suite, Apt. #, Etc.

One Southeast 3rd Avenue Suite 2400

City

Miami

State

FL

Zip Code

33131

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

Ellen Rose

REGISTERED AGENT MUST SIGN

Date

Dec 10, 2001

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
MEM	<u>David Edelstein</u>	<u>590 Madison Ave, NY, NY 10022</u>	<u>00004729357--9</u> <u>-12/17/01--01093--004</u> <u>****150.00 ****150.00</u> <u>Ren 100.</u> <u>DBR 50.</u> <u>150. up</u>

REINSTATEMENT 2001

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

12/4/01

Daytime Phone #

(212) 521-4488

Typed or printed name of signing Managing Member/Manager

David Edelstein