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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000000305

Name and Mailing Address

0015461 01 MB 0.309 **AUTO T7 0 0615 11570-201844
KARAL ASSOCIATES, L.C.
ATTN: M. BARRETT
44 MIDWOOD ROAD
ROCKVILLE CENTER NY 11570-2018

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 03/12/1998

Principal Place of Business
ATTN: M. BARRETT
44 MIDWOOD ROAD
ROCKVILLE CENTER NY 11570

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-0820985 ☐ 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	9. Name and Address of New Registered Agent
BLATT, LEE 471 NORTH ARROWHEAD TRAIL VERO BEACH FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 SIGNATURE REQUIRED Date 10-22-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BLATT, LEE	471 NORTH ARROWHEAD TRAIL	VERO BEACH FL 32963
AMGR	BARRETT, MICHAEL	44 MIDWOOD RD.	ROCKVILLE CENTER NY 11570
		600024267026 10/30/03--01011--005 **150.00	

12. 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 SIGNATURE REQUIRED Date 10-22-03 Daytime Phone # 516-594-6961

Typed or printed name of signing Managing Member/Manager