


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**  
 00 DEC 26 PM 12:39 *mf*  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L99000000901

**1. Limited Liability Company's Name**  
**Marseilles Properties L.C.**  
 88 N.E. 168th Street  
 North Miami Beach, FL 33162

**REINSTATEMENT 2000**

<b>2. Principal Office Address</b> 88 N.E. 168th Street		<b>3. Mailing Office Address</b> 88 N.E. 168th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami Beach, FL 33162		City & State North Miami Beach, FL	
Zip 33162	Country USA	Zip 33162	Country USA

<b>4. State/Country of Formation</b> FLORIDA U.S.A.	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 2/1/99	
<b>6. FEI Number</b> 65-0901091	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

Name Ted Klein

Street Address (P.O. Box Number is Not Acceptable)  
88 N.E. 168 Street

Suite, Apt. #, Etc.

City North Miami Beach State FL Zip Code 33162

**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 [Signature] Date 12/22/00

REGISTERED AGENT MUST SIGN

**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
	<b>leonard S. Leibman, Esq.</b>	<b>8 Chester Avenue</b>	<b>White Plains, NY 10601</b>
			<b>400003623384--5</b>
			<b>-02701701--01100--002</b>
			<b>****150.00 ****150.00</b>

**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 [Signature] Date 12/21/00 Daytime Phone # 914-948-6800

**LEONARD S. LEIBMAN**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)