

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 10:54

DOCUMENT # L99000000901

1. Limited Liability Company's Name
Marseilles Properties L.C.

500066207315
02/20/06--01049--021 **250.00

CR2E041 (8/05)

2. Principal Office Address 8030 Peters Road		3. Mailing Office Address c/o Leibman	
Suite, Apt. #, etc. Suite D-104		Suite, Apt. #, etc. 8 CHESTER Ave,	
City & State Plantation, FL		City & State White Plains, NY	
Zip 33324	Country USA	Zip 10601	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/17/99	
6. FEI Number 65-0901091	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Theodore J. Klein			
Street Address (P.O. Box Number is Not Acceptable) 8030 Peters Road			
Suite, Apt. #, Etc. Suite D-104			
City Plantation		State FL	Zip Code 33324

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 _____ Date 1/27/06

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
Mgr	Leonard S. Leibman	8 Chester Avenue	White Plains, NY 10601

REINSTATEMENT 04-06

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 Leonard S. Leibman Date 1/30/06 Daytime Phone # (954)370-2533

Typed or printed name of signing Managing Member/Manager Leonard S. Leibman