

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L99000004004

LIMITED LIABILITY  FLORIDA DEPARTMENT OF STATE FILED

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

New York Forfaring LLC

REINSTATEMENT 2002-2004

3. Mailing Office Address

6189 NW 66th Way

Suite, Apt. #, etc.:

City & State
PARKLAND, FL

Country
U.S.Country
US

FLORIDA

7-02-90

Applied For	
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Not Applicable

**\$5.00 Additional Fee required
for a Certificate of Status**

Name _____

FA4ED FA4ED

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

6189 NW 66th WAY

Suite, Apt. #, Etc.

City

PARILLAND

State

FL

Zip Code

33067

Signature of
Registered Agent

Date 1/1/04

REGISTERED AGENT MUST SIGN

Test

Name of Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MSR	FAYED O. FAYED	6189 NW 66 th WAY	PARKLAND, FL 33067
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500041615715
10/09/04--01092--002 **250.00

REINSTATEMENT

2002 -

2004

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 10/1/04

Daytime Phone# 954-296-9167

Typed or printed name of signing Managing Member/Manager

PAYED O. PAYED

CA2E041 (10/02)