

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-4370

1. Limited Liability Company's Name

56TH ASSOCIATES, L.L.C.

2. Principal Office Address

1428 Brickell Avenue

Suite, Apt. #, etc.

Eight Floor

City & State

Miami FL

Zip

33131

Country

3. Mailing Office Address

2854 SW 129 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

REINSTATEMENT 2001

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

July 14, 1999

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

☒ **Additional fees required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

JOSHUA D. MANASTER

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

1428 Brickell Avenue

Suite, Apt. #, Etc.

Eight Floor

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

REGISTERED AGENT MUST SIGN

Date *10-23-01*

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
<i>M</i>	<i>56TH ASSOCIATES, a New York General Partnership</i>	<i>6220 14 Avenue Brooklyn NY 11204</i>	<i>Brooklyn NY 11204</i>

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11/20/01--01031--003

***300.00 ***150.00

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 *10/27/01* Daytime Phone #

Typed or printed name of signing Managing Member/Manager