APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 DEC -3 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004736

1. Limited Liability Company's Name

W.S. on Sobe, LLC

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
20 Old Nyack Tpk.	20 Old Nyack Tpk
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nanuet, N.Y.	City & State: Nanuet, N.Y.
Zip: 10954 Country:	Zip: 10954 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: August 2, 1999

6. FEI Number: NONE — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: JAMES R. CHANDLER III

Street Address (P.O. Box Number is Not Acceptable): 1834 MAIN STREET

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34236

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: James R Chandler Date: 11/28/2001

REGISTERED AGENT MUST SIGN

CR2E041 (8/01)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
INITIAL MANAGER	WARREN SCHAFFER	20 Old Nyack Tpk.	Nanuet, N.Y. 10954

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11. I certify that I am managing member/manager or the member 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 608.408, 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: Warren Schaffer Date: 11/28/2001 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: