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 # L99000006058

REINSTATEMENT 2001

1. Limited Liability Company's Name
616 COLLINS ASSOCIATES, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
C/O ASHKENAZY ACQ CORP		616 COLLINS AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
433 FIFTH AVE. STE 200			
City & State		City & State	
NEW YORK, N.Y.		MIAMI, FLORIDA	
Zip	Country	Zip	Country
10016	USA	33139	USA

4. State/Country of Formation: MIAMI FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 9/27/99

6. FEI Number: 65-0962926 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: LOUIS ZARETSKY

200004702512--5
-12/03/01--01066--011
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 555 NORTH EAST 15TH STREET

Suite, Apt. #, Etc.: SUITE 1000

City: MIAMI — State: FL — Zip Code: 33132

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 11/7/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
PRES.	BEN ASHKENAZY	C/O ASHKENAZY ACQ CORP	433 FIFTH AVE NYC 10016

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 608.408, 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 _____ Date 11/1/01 Daytime Phone # 212 213 4444

Typed or printed name of signing Managing Member/Manager _____

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