L99000006058

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 OCT 22 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000006058

1. Limited Liability Company's Name

616 Collins Associates, LLC

REINSTATEMENT 2002-2003

2. Principal Office Address	**3.** Mailing Office Address
c/o ASHKENAZY ACQ CORP.	433 Fifth Avenue
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.:
City & State: New York, NY	City & State: New York, NY
Zip: 10016 Country: USA	Zip: 10016 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/27/1999

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

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: LOUIS ZARETSKY

000024019410
10/22/03--01058--013 **200.00

Street Address (P.O. Box Number is Not Acceptable): 555 N. E. 15 Street, Suite 100

Suite, Apt. #, Etc.: Suite 100

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: Louis Zaretsky REGISTERED AGENT MUST SIGN

Date October, 2003

CR2E041 (10/02)

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
Sole ~~Member~~, President& Managing Member	Ben Ashkenazy	c/o Ashkenazy Acq Corp. 433 Fifth Avenue, Suite 200	New York, NY 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 608.406, 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 10/14/03 Daytime Phone # 212 213 4444

Typed or printed name of signing Managing Member/Manager: Ben Ashkenazy