PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 24 AM 11:55

CR2E041 (8/05)

DOCUMENT # L99000006096

1. Limited Liability Company's Name
616 Collins Associates, LLC

2. Principal Office Address	**3.** Mailing Office Address
c/o Ashkenazy Acquisition Corp.	433 Fifth Avenue
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.:
City & State: New York	City & State: New York
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
Street Address (P.O. Box Number is Not Acceptable): 555 N.E. 15 Street
Suite, Apt. #, Etc.: 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: _____ REGISTERED AGENT MUST SIGN — Date 9/13/06

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	Ben Ashkenazy C/o Ashkenazy Acquisition Corp.	433 5th avenue, suite 400	New York, NY 10016

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10/24/06--01040--016 **250.00

REINSTATEMENT 04-06

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 9/12/06 Daytime Phone # 212 213 4444 ext. 246

Typed or printed name of signing Managing Member/Manager _____