

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **L99000008487**

1. Limited Liability Company's Name

Warehouse Leasing Associates, L.C.

2. Principal Office Address

3135 Terrace Ave.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

U.S.A.

3. Mailing Office Address

3135 Terrace Ave.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

U.S.A.

4. State/Country of Formation
Florida/ U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/03/1999

6. FEI Number
59-3608050

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Thomas J. Conroy III

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

3838 Tamiami Trail North,

Suite, Apt. #, Etc.

Suite 402

City

Naples

State
FL

Zip Code
34103

10/27/05--01035--001 **405.00

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 **10/19/2005**

REGISTERED AGENT MUST SIGN

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
MGRM	Gerald I. Goldberg	5454 Wisconsin Ave. 1015	Chevy Chase, MD 20815

REINSTATEMENT 2000-05

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 **10/19/05**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Gerald I. Goldberg, Managing Member