

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John S. Shott
Secretary of State
DIVISION OF CORPORATIONS

M00000001663

02 DEC -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M00000001663

Name and Mailing Address

0008716 01 FP 0.352 **PRSRT H8 0 0615 10004-160799



75-99 OCEAN AVENUE ASSOCIATES, LLC
50 BROADWAY - 6TH FL
NEW YORK NY 10004-1607

MJM



12/3 2002

2. New Mailing Address		4. State/Country of Formation NY	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/22/2000	
Principal Place of Business 50 BROADWAY - 6TH FL NEW YORK NY 10004	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 13-371 8204 APPLIED FOR	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent MIGDOL, JERRY 1230 N.E. 3RD TERRACE HOMESTEAD FL 33030	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500009322155 12/03/02--01064--011 **155.00 City FL Zip Code
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10. 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 _____

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GROSS, EDITH	50 BROADWAY	NEW YORK NY 10004
MGRM	GROSS, ALLEN	50 BROADWAY	NEW YORK NY 10004

12. 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 _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager EDITH GROSS