

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 22 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002321

1. Limited Liability Company's Name
6401-05 Bergenline Avenue Developers, L.L.C.

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BK

40005986423

CR2E041 (8/05)

2. Principal Office Address c/o Emet Property		3. Mailing Office Address c/o Emet Property	
Suite, Apt. #, etc. P.O. Box 518		Suite, Apt. #, etc. P.O. Box 518	
City & State Oradell, NJ		City & State Oradell, NJ	
Zip 07649	Country	Zip 07649	Country

4. State/Country of Formation New Jersey	
5. Date Organized or Qualified To Do Business in Florida 11-8-2000	
6. FE Number 22-3268257	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>AS IF APPLICABLE TO BE REQUIRED FOR A PUBLIC GOOD SERVICE</small>	

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Flays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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: Laura R. Dunlap **Laura R. Dunlap** Date: 9/22/05
REGISTERED AGENT MUST SIGN as its agent

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Bergenline-Jax Management, LLC	P.O. Box 518	Oradell, NJ 07649

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 this reinstatement application is signed for dissolution has been terminated, 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: [Signature] Date: 9/21/05 Daytime Phone #: (201) 225-0988

Typed or printed name of signing Managing Member/Manager: **Ron Brown, Managing Member of Bergenline-Jax Management**



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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 610418 4808307
AUTHORIZATION : *Patricia [signature]*
COST LIMIT : \$ 305.00

ORDER DATE : September 22, 2005
ORDER TIME : 10:50 AM
ORDER NO. : 610418-005
CUSTOMER NO: 4808307
CUSTOMER: Ms. Chris Perrella
Wolf Block Schorr And
101 Eisenhower Parkway
Roseland, NJ 07068

BP

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: 6401-05 BERGENLINE AVENUE
DEVELOPERS, L.L.C.

*file
Znd*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____