

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M01000000141

1. Limited Liability Company's Name

Laurels Realty Owners LLC

02 OCT 25 AM 10:27

10/29

2. Principal Office Address

550 9th Avenue

3. Mailing Office Address

550 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33707

Country

USA

Zip

33707

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

01/16/2001

6. FEI Number

59-3695373

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

Edwin B. Kagan

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

2709 Rocky Point Drive

Suite, Apt. #, Etc.

Suite 102

City

Tampa

State
FL

Zip Code

33607

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/24/02

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
MGRM	Herman Jacobs	266 East Broadway, Apt. 306	New York, NY 10002

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

[Signature]

Date 10/24/02 Daytime Phone # (727) 898-4105

Typed or printed name of signing Managing Member/Manager Herman Jacobs