

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 24 AM 10:22


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/20/09--01058--002 **138.75

04/23/08 01002 016
\$421.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MO2000000338

1. Limited Liability Company's Name
Deerfield Beach Associates LLC

| | | | |
|---|----------------|---|----------------|
| 2. Principal Office Address - No P.O. Box # 4221 Transit Rd | | 3. Mailing Office Address 4221 Transit Rd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Williamsville, NY | | City & State Williamsville, NY | |
| Zip 14221 | Country USA | Zip 14221 | Country USA |

4. State/Country of Formation
NY/USA

5. Date Organized or Qualified To Do Business in Florida 2/8/2002

6. FEI Number 16-1455894

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Ned J. Gian

Street Address (P.O. Box Number is Not Acceptable)
1620 South Ocean Blvd

Suite, Apt. #, Etc.
Apt 3A

City
Pompano Beach

State
FL

Zip Code
33062

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Ned J. Gian* Date 7/16/09

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 | Ned J. Gian Jr. | 4221 Transit Road | Williamsville, NY 14221 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

JB

REINSTATEMENT 2006-09

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 7/15/09 Daytime Phone# (716)633-5266

Typed or printed name of signing Managing Member/Manager _____