	PLEASE I	READ ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.
С	ED LIABILITY OMPANY STATEMENT		DEPARTMEN Secretary of S	tate	S FA	09 JUL 24 AM 10: 22 SECRETARY OF STATE LLAHASSEE, FLORIDA
DOCUMENT # MCQCCCCC338 1. Limited Liability Company's Name Deerfield Beach Associates LLC					07/20/09-01058-002 **138.75 04/23/08 01002 016 421.25	
2. Principal Office Address - No P.O. Box # 3. Mailing Of						
			Transit Rd		4. State/Country of Formation NY/USA	
Suite, Apt. #, etc.			эtc.		5. Date Organized or Qualified	
City & State City & State					To Do Business in Florida 2/8/2002 6. FEI Number	
Williamsville, NY Williamsville			msville, NY			
Zip 1422	Country USA	Zip 14221	Count U;	try SA	7. CERTIFICATE	S5.00 Additional Fee required for a Certificate of Status
9. I, being appointed the registered agent of the above named lighted liability company, am facility appointed the registered agent Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Managing Members/Managers				Zip Code 33062 am familiar with and treet Address of Eact aging Member/Mana	Ch ager City / State / Zip	
PEINSTATEMENT 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 Date 7/15/09 Daytime Phone # (716) 633-5266						
Typed or printed name of signing Managing Member/Manager						