Apr. 9. 2002 2:07PM

No.0455 P. 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

600005271676--2
-04/15/02--01023--008
******5.00 ******5.00

DOCUMENT # M02000000927

1. Limited Liability Company's Name

Helman Realty LLC

2. Principal Office Address		3. Mailing Office Address	
12 Pond Park Road		11 East 44th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Great Neck, NY		City & State: New York NY	
Zip: 10023	Country: USA	Zip: 10022	Country: USA

4. State/Country of Formation: Delaware / USA

5. Date Organized or Qualified To Do Business in Florida: June 14, 2000

6. FEI Number — 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

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****200.00 ****200.00

Name: United Corporate Services Inc.

Street Address (P.O. Box Number Is Not Acceptable): 9200 South Dadeland Blvd.

Suite, Apt. #, Etc.: Suite 508

City: Miami State: FL Zip Code: 33156

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] Michael A. Barr, Pres
REGISTERED AGENT MUST SIGN
Date 4/10/02

CR2E041 (9/01)

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
managing member	Andrew Cohen	c/o Cohen & Company Inc.	
		11 East 44th Street ~~New York, NY 10022~~	New York, NY 10022

REINSTATEMENT 01 22 cu dcc

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 4/10/02 Daytime Phone # 212-808-5775

Typed or printed name of signing Managing Member/Manager: Andrew Cohen