PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

M02000001266

Name and Mailing Address

FILED

2003 NOV 20 PM 1: 42

DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA



2. New Mailing Address 111 EAST 61 STREET 4. State/Country of Formation DE	
City, State, Zip 5. Date Organized or Qualified To Do Business in Florida 05/16/20)02
135 S. LASALLE ST. SUITE 1940 ATTN: NAOMI WEITZEL CHICAGO II, 60603 City, State, Zip 7. S5.00 Additional	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	e of Status
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Cox	de
10. I, being appointed the gistered agent of the above named limited limited F.S. Signature of Registered Agent Registered Regis	
Title(s) Name of Managing Street Address of Each Members/Managers Street Address of Each Managing Member/Manager City / State / Zip	
THERM BRUCE Slovin III East 615T ST New YORK, MY 1002	1
80002486968 11/20/0301004036 **150.0	0
REINSTATEMENT 200	
12. 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 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. 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 as if made under oath. Signature of Managing Member/Manage Date Date Daytime Phone # 212 - 588 - 12	., and that legal effect