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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:50

1. DOCUMENT # M02000001493

Name and Mailing Address

0014885 01 AB 0.301 **AUTO H5 0 0615 10028-750151



1220 UNIVERSITY BLVD., LLC
551 E. 86TH STREET
NEW YORK NY 10028-7501

500024380885
11/03/03--01085--016 **155.00



2. New Mailing Address 551 E. 86th ST		4. State/Country of Formation DE	
City, State, Zip NEW YORK NY 10028		5. Date Organized or Qualified To Do Business in Florida 06/11/2002	
Principal Place of Business 551 E. 86TH STREET NEW YORK NY 10028	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0453809 APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent MURRAY, ROBERT W ESQ. 200 S. BISCAYNE BLVD. SUITE 5300 MIAMI FL 33131		9. Name and Address of New Registered Agent Name JOHN B. SCHORSCH Street Address (P.O. Box Number is Not Acceptable) 1825 MAGNOLIA ST City SARASOTA FL Zip Code 34239	
10. 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] JOHN B. SCHORSCH Date 10/31/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SCHORSCH, JOHN B	551 E. 86TH STREET	NEW YORK NY 10028
		500024380885 02/03/04--01038--003 **50.00	
REINSTATEMENT		03-0453809 <i>due</i>	
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 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 10/21/03	Daytime Phone # 72439 6006
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)