

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 4:55

1. DOCUMENT # M02000002395

Name and Mailing Address

0017349 01 FP 0.352 **PRSRT T3 0 0615 33066

EM CANYON LLC

ANTIGUA VILLAGE, UNIT 4L

2403 L4 ANTIGUA CIRCLE

COCONUT CREEK FL 33066

PO Box 231131

GREAT NECK NY 11023



2. New Mailing Address

PO Box 231131

City, State, Zip

GREAT NECK NEW YORK 11023-0405

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

09/11/2002

Principal Place of Business

ANTIGUA VILLAGE, UNIT 4L

2403 L4 ANTIGUA CIRCLE

COCONUT CREEK FL 33066

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

41-2058432

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box)

500026153705

01/05/04-01047-006 **150.00

City

FL

Zip Code

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

Jeanine Reynolds
REGISTERED AGENT MUST SIGN

Jeanine Reynolds
as its agent

Date 12-16-03

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	DAVID LEVINE	705 MIDDLE NECK ROAD PO Box 231131	GREAT NECK, N.Y. 11023

REINSTATEMENT 2003

Let 12/31

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 REQUIRED *David Levine*

Date 11/11/03

Daytime Phone # 516-824-8833

Typed or printed name of signing Managing Member/Manager DAVID LEVINE



CORPORATION SERVICE COMPANY™

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 379929 5125866

AUTHORIZATION :

COST LIMIT : \$ PDD

ORDER DATE : December 31, 2003

ORDER TIME : 10:22 AM

ORDER NO. : 379929-005

CUSTOMER NO: 5125866

CUSTOMER: Mr. Alexander Berger
Jaspan Schlesinger Hoffman Llp
300 Garden City Plaza

Garden City, NY 11530

RECEIVED
03 DEC 31 PM 12:47
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: EM CANYON LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____