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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 NOV 16 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
Altamonte Springs Real Estate Associates, LLC
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2. Principal Office Address	3. Mailing Office Address
501 Washington Ave.	501 Washington Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pleasantville, NY	City & State: Pleasantville, NY
Zip: 10570 Country: Westchester	Zip: 10570 Country: Westchester

4. State/Country of Formation: Seminole

5. Date Organized or Qualified To Do Business in Florida: 10/15/02

6. FEI Number: 030-488409 ☐ 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

Name: National Corporate Research, LTD., Inc.

Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 23201

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: Ida Borovoy Date: 11/15/04

IDA BOROVOY, ASST SEC'Y REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM.	YALE I. PAPRIN	501 WASHINGTON AVE	PLEASANTVILLE, NY 1057
MGRM.	LEONARD M. SHENDELL	Cornell Pace Management 542 MAIN STREET	New Rochelle, NY 1084
	REINSTATEMENT 2004		
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		BK	

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: 11/8/04 Daytime Phone #: 914-769-7600

Typed or printed name of signing Managing Member/Manager: YALE I. PAPRIN