

MO2000002727

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:36

STATE OF FLORIDA
TALLAHASSEE

DOCUMENT #

MO2000002727

1. Limited Liability Company's Name

Altamonte Springs Real Estate Associates, LLC
9/26/03

2. Principal Office Address

501 Washington Ave

Suite, Apt. #, etc.

3. Mailing Office Address

501 Washington Ave.

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
32301

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

Cynthia A. Hice, Asst. Sec.
REGISTERED AGENT MUST SIGN

Date 10/13/03

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
MEM	YALE E. PAPRIN	501 Washington Ave	Pleasantville NY 10570
MEM	Leonard M. Shendell	Cornell Pace management 542 MAIN Street	New Rochelle NY 10801

REINSTATEMENT 2003

BY

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 10/7/03

Daytime Phone # 914-769-7600

Typed or printed name of signing Managing Member/Manager

YALE E. PAPRIN

CR2E041 (10/02)