

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TREASURY FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M03000000991

1. Limited Liability Company's Name  
Landmark Retail, LLC

M. HODGES

CR2E041 (8/05)

5/2

2. Principal Office Address 6 Ambergate Rise Suite, Apt. #, etc.		3. Mailing Office Address c/o Brian V. McAvoy, Esq. Suite, Apt. #, etc. Harter, Secret & Emery LLP, STE 405		4. State/Country of Formation New York	
City & State Pittsford, New York		City & State 5551 Ridgewood Dr., Naples, FL		5. Date Organized or Qualified To Do Business in Florida 03/28/2003	
Zip 14534	Country USA	Zip 34108-2719	Country USA	6. FBI Number 04-3590861	Applied For Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Brian V. McAvoy, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
Harter, Secret & Emery LLP, 5551 Ridgewood Drive

Suite, Apt. #, Etc.  
Suite 405

City  
Naples

State  
FL

Zip Code  
34108-2719

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 *Brian V. McAvoy* Date 4/26/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	James J. Froehler	6 Ambergate Rise	Pittsford, New York 14534

REINSTATEMENT 2005-2006

11. I certify that I am managing member/manager of 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 608.104, 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 *James J. Froehler* Date 4/27/06 Daytime Phone # 585-248-9200

Typed or printed name of signing Managing Member/Manager James J. Froehler, Managing Member