

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 18 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MOY 0000 1604

1. Limited Liability Company's Name

DONPARK ASSOCIATES LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <u>40 MICHAEL GREENBERG</u> <u>15 Charles St.</u> Suite, Apt. #, etc. <u>Suite 15A</u> City & State <u>New York NY</u> Zip <u>10014</u> Country		3. Mailing Office Address <u>40 MICHAEL GREENBERG</u> <u>15 CHARLES ST</u> Suite, Apt. #, etc. <u>Suite 15A</u> City & State <u>New York NY</u> Zip <u>10014</u> Country <u>USA</u>	
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4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4-28-2004

6. FEI Number

52-2277160

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 <u>Harold Greenberg</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>17595 Bocaire Place</u>		
Suite, Apt. #, Etc.		
City <u>BOCA RATON</u>	State <u>FL</u>	Zip Code <u>33467</u>

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/18/07

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
	<u>Michael Greenberg</u>	<u>15 Charles St 15A</u>	<u>NYC NY 10014</u>
	<u>Jonathan Greenberg</u>	<u>15 Charles St 14E</u>	<u>NYC NY 10014</u>
	<u>Sharon Greenberg</u>	<u>627 S. Bowman Ave</u>	<u>Merion Sta PA 19066</u>

500106495025
07/20/07--01034--002 **250.00

REINSTATEMENT 2005-07

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

[Signature]

Date 7/24/07

Daytime Phone # 212-620-7087

Typed or printed name of signing Managing Member/Manager

Michael - Greenberg

MGRM