

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
11 NOV 23 PM 3:59

DOCUMENT # M04000001732

1. Limited Liability Company's Name

E & E Apartments, LLC

2. Principal Office Address - No P.O. Box #

60 Broad Street

3. Mailing Office Address

60 Broad Street

Suite, Apt. #, etc.

Suite 3503

Suite, Apt. #, etc.

Suite 3503

City & State

New York, NY

City & State

New York, NY

Zip

10004

Country

USA

Zip

10004

Country

USA

4. State/Country of Formation

New York

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

113492386

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

Gardner, Bist, Wiener, Wadsworth, Bowden, Bush, Dee, LaVia & Wright, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1300 Thomaswood Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

E-mail Address:

600214581086

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shimone@mindspring.com

(To be used for future annual report notices)

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

Date 11-23-11

REGISTERED AGENT MUST SIGN

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 | Shimon Eckstein | 60 Broad Street, Suite 3503 | New York, NY 10004 |
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REINSTATEMENT 2005-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 11 22 11 Daytime Phone # 212 668 9101 X101

Typed or printed name of signing Managing Member/Manager Shimone Eckstein