PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT -3 P 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/03/08--01041--012 **516.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05—296

1. Limited Liability Company's Name
Bellino Equities Boca Manager LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
112 Phyllis Court	112 Phyllis Court
Bldg, Apt, ft, etc.	Bldg, Apt, ft, etc.
City & State: Elmont, N.Y.	City & State: Elmont, N.Y.
Zip: 11003 Country: US	Zip: 11003 Country: US

4. State/Country of Formation: DE / US

5. Date Organized or Qualified To Do Business in Florida: 11/30/2005

6. FEI Number: 11-3739815 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Samuel D. Navon
Navon & David, P.A.
Street Address (P.O. Box Number is Not Acceptable): 2699 Stirling Road
Suite, Apt. #, Etc.: Suite B-100
City: Fort Lauderdale State: FL Zip Code: 33312

☐ 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] Date: 10/2/08
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Bellino, Michael	112 Phyllis CRT	Elmont, NY 11003
MGRM	Bellino, Stephen	112 Phyllis CRT	Elmont, NY 11003

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 608.408, 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: 10/2/08 Daytime Phone # 5163546585

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 2006-2008