2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 11 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000006549

1. Entity Name
COVE NECK PROPERTIES, LLC

Principal Place of Business	Mailing Address
25 MELVILLE PARK ROAD STE 210 MELVILLE, NY 11747	25 MELVILLE PARK ROAD STE 210 MELVILLE, NY 11747

02092007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3744759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Yulia Huberdeau, Asst. Secretary 4/6/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $200.00 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THE ETATE OF HAROLD P BERNSTEIN 25 MELVILLE PARK ROAD STE 210 MELVILLE, NY 11747	☑ Delete	MGRM GENE M. BERNSTEIN NIC HOLDING 25 MELVILLE PARK RD MELVILLE, NY 11747	☑ Change ☐ Addition
		☐ Delete	MGRM JAY H. BERNSTEIN NIC HOLDING 25 MELVILLE PARK RD MELVILLE, NY 11747	☑ Change ☐ Addition
		☐ Delete	600097216186 04/17/07--01036--025 **200.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	REINSTATEMENT 2007	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GENE M BERNSTEIN

SIGNATURE: GENE M BERNSTEIN MANAGING PARTNER 4/4/07 (516) 996-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #