PLEASE RELD ALL INSTRUCTIONS IN ORIE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCL	JMEN'	Γ#	M06000004764
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1. Limited Liability Company's Name

The Halland Companies LLC

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04/05/1001001012	** 138.7	5

200174327492 04/05/10--01@RbeoAl81/0##138.7

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Principal Office Address - No P.O. Box # 3. Mailing Office Address			W 15 W 21	on our to orangerous nour toos to				
88 Sunnysid	ie Blvd.	88 Sunnyside I	Blvd.	·	4. State/Cour	4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			New_\			
100		100	-			5. Date Organized or Qualified To Do Business in Florida 8-28-06		
City & State		City & State						
Plainview,	NY 11803	Plainview, NY	Plainview, NY 11803		6. FEI Numbe	per 284031	Applied For Not Applicable	
Zip	Country	Zıp	Country		7.	\$5.00 A	Additional Fee required	
	USA			USA			Certificate of Status	
	8. Name and Address o	of Current Registered Agen	nt					
Name Or Poration Service Company Street Address (P.O. Box Number is Not Acceptable)					in circ	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the price patient. By checking this		
1201	1 ~ ^1	ee+				receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
Suite, Apt. #, Etc.					not re			
TA llah	195066		FL 3	32301				
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 Agent REGISTERED AGENT MUST SIGN Date								
10. Names and Stree	et Addresses of Managing Мел		5.0					
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager			City / State / Zip		
Member Neil	B. Hamburger	88 Sur	nnyside	Blvd. #	/100	Plainview, NY 11	803	
Member Kathl	leen G. Hamburge	r 88 Sur	nnyside	Blvd. #	/100	Plainview, NY 113	803	
Member Matth	hew W. Lippman	88 Sur	nnyside	Blvd. #	/100	Plainview, NY 118	803	
			4 					
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11. E-mail Address:	cnankervis@hal		forma anno	and and an				
filing this reinstatem	ment application the reason for its limited liability company have bath.	r the receiver or trustee emp dissolution has been elimina	oowered to ex	ed liability comp	plication as provided pany name satisfies in is true and accurate	ed for in Chapter 608, F.S. I further es the requirements of section 608 4 ate, and my signature shall have the courtine Phone # 516-333-3	406, É.S., and that ne same legal effect	
Typed or printed name of signing Managing Member/Manager Matthew W. Lippman								