

MD7000001838

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

ASCENCEA, LLC

Certificate of Status	0
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Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000001838

1. Limited Liability Company's Name

Oscencea, LLC

CR2ED41 (10/08)

2. Principal Office Address - No P.O. Box #
450 Raritan Cntr. Pkwy
Suite, Apt. #, etc.
I

3. Mailing Office Address
450 Raritan Center Pkwy
Suite, Apt. #, etc.
I

City & State
Edison, NJ

Zip
08837

Country
United States

4. State/Country of Formation
US / U.S.A.

5. Date Organized or Qualified To Do Business in Florida
3/27/2007

6. FEI Number
208588861

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 with filing fee required (see certificate of status)

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 601, F.S.

Signature of Registered Agent
Joanne McCarthy
REGISTERED AGENT MUST SIGN

Signature
Joanne McCarthy
Assistant Secretary

Date
4/2/09

10. Names and Street Addresses of Managing Members/Managers

TYPE	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR/ML	LARRY DICKSTEIN	450 Raritan Center Pkwy Suite J	Edison / NJ / 08837

REINSTATEMENT 08, 09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 601, 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
L. Dickstein

Date
3/29/09

Daytime Phone #
732-379-5985

Typed or printed name of signing Managing Member/Manager
LARRY DICKSTEIN