

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 10 AUG 20 PM 3:35

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M08000002463

1. Limited Liability Company's Name

1590 NW 27th Ave Associates LLC
 2009

700184567837

CR2EDM1 (05/10)

2. Principal Office Address - No P.O. Box # 15 Lookerman Street Suite, Apt. #, etc.		3. Mailing Office Address 15 Lookerman Street Suite, Apt. #, etc.	
City & State Dover, DE		City & State Dover, DE	
Zip 19901	Country USA	Zip 19901	Country USA

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 05/27/2008
6. FEI Number 26-2248291 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

8. Name and Address of Current Registered Agent

Name
Florida Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Drive,
Suite, Apt. #, Etc.
Suite A

City
Tallahassee, State
FL Zip Code
32301

mk

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 8/20/10
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Jeffrey Cohen	385 Oser Ave.	Hauppauge, NY 11787

REINSTATEMENT 2009-2010

11. E-mail Address: hmv@floridaregistry.com (To be used for future annual report notifications)

12. 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 8-20-10 Daytime Phone # _____
 Typed or printed name of signing Managing Member/Manager _____

M 08 000002463
FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08-20-10

NAME: 1590 NW 27TH AVE ASSOCIATES LLC

TYPE OF FILING: REINSTATEMENT

COST: ~~\$238.75~~ 377.50

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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