10 AUG 20 PM 3:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

700184587837

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15 Loockerman Street		15 Loockerman Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Dover, DE		Dover, DE	
Zip	Country	Zip	Country
19901	USA	19901	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 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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	State	Zip Code
Tallahassee,	FL	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

Titles	Name of Managing Members/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: filing@fileonlineservices.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:

M08 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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TYPE OF FILING: **REINSTATEMENT**

COST: ~~$238.75~~ 377.50

RETURN:

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**

RH

BK

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