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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000005691

1. Limited Liability Company's Name

EAST BRIDGE REALTY LLC

CR2E041 (1/11)

2. Principal Office Address - no P.O. Box #	3. Mailing Office Address
67 ELMORA AVENUE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ELIZABETH, NJ	City & State
Zip: 07202 Country: US	Zip Country

4. State/Country of Formation: NEW JERSEY

5. Date Organized or Qualified To Do Business in Florida: 12/22/2010

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 515 EAST PARK AVENUE

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32301

E-mail Address:

RNCEMAIL@AOL.COM
(To be used for future annual report notices)

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: Katii Wonsh Asst. Sec. Date: 6/11/2012
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
MGRM	GUILLERMO ARGOTE	67 ELMORA AVENUE	ELIZABETH, NJ 07202

REINSTATEMENT 2011-2012

11. 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 corrected, the limited liability company name satisfies the requirements of section 608.508, F.S., and that all fees owed by the limited liability company have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Date: JUNE 2012 Daytime Phone #: 983-353-8880

Typed or printed name of signing Managing Member/Manager: GUILLERMO ARGOTE

Division of Corporation

H12000056911

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LIMITED LIABILITY REINSTATEMENT
EAST BRIDGE REALTY LLC

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2012

EAST BRIDGE REALTY LLC
67 ELMORA AVENUE
ELIZABETH, NJ 07202

SUBJECT: EAST BRIDGE REALTY LLC
REF: M10000005691

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Registered Agent -- NRAI SERVICES, INC. -- must sign the acceptance statement in Item 9.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

FAX Aud. #: H12000153347
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