PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # M98000000099 1. Limited Labellity Cempany's Name ROYAL PALM WAY LIC J. Subsectionity of Formation NEW YORK J. Discounting of Formation NEW YORK J. D	_ c	ED LIAE COMPAN ISTATEN	Y (1)	Secreta	RTMENT OF ST ne Harris ry of State corporations	ATE	OI NOV 20	_ED PM 1:49 OF STATE		
2. Principal Office Address **C/O SALLY BIONDO** **C/O SALLY BIONDO** **C/O SALLY BIONDO** **Side Age **.	DOCU	UMENT	# M980000000 pany's Name)99			TALLAHASS	EE. FLORIDA		
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WOODBURY, NEW YORK Zip Country LIT97 Country LS.A. 8. Name and Address of Current Registered Agent JOSEPH LBUZZI Street Address (PO. Box Number is Not Acceptable) 2825 IROQUOIS CIRCLE Suite. Apt. #. Etc. City WEST PALM BEACH City WEST PALM BEACH Signature of Registered Agent Managing Member/Managers Titles Managing Member/Managers Managing Member/Managers MGRM SALLY BIONDO 7600 JERICHO TURNPIKE WOODBURY, NEW YORK 11797 11. Locatify that I am managing member/managers 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 pryson for dates on the schem chainstate on this case of the same togal effect as if made under cash Signature of Registered Agent 11. Locatify that I am managing member/managers 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 pryson for dates on the schem chainstate of the same togal effect as if made under cash Monaging Member/Manager Date 11. J. Orloyame Phone # 516—364 936. Date 11. J. Orloyame Phone # 516—364.	City & State	Э		City & State			1/9/98			
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8. Name and Address of Current Registered Agent Name			•	'			7.		9500 Additional C	e configuration of the configu
Signature of Registered Age. Signat	<u> </u>	<u>97</u>	U.S.A.							nerin
JOSEPH LEUZZI Street Address (P.O. Box Number is Not Acceptable) 2825 IROQUOIS CIRCLE Suite, Apt. #. Etc. City WEST PALM BEACH 9. I. being appointed the wijn/ared ageny of the own amed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Ag. 10. Names and Street Address of Managing Members/Managers Managing Members/Managers Managing Members/Managers MGRM SALLY BIONDO 7600 JERICHO TURNPIKE WOODBURY, NEW YORK 11797 11. Locatify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. further certify that when filing this reinstatement application the ry-son for rises from as been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S. and that all years over the section of 604 406, F.S. and that all years over the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. further certify that when filing this reinstatement application the ry-son for rises from has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S. and that all years over the receiver of the section of the requirements of section 608 406, F.S. and that all years over the requirements of section 608 406, F.S. and that all years over the requirements of section 608 406, F.S. and that all years over the requirements of section 608 406, F.S. and that all years over the requirements of section 608 406, F.S. and that all years over the requirements of section 608 406, F.S. and that all years over the requirements of section 608 406, F.S. and that all years over the requirements of section 608 406, F.S. and that all years over the requirements of section 608 406, F.S. and that all years over the receiver of the requirements of section 608 406, F.S. and that all years over the receiver of the requirements of section 608 406, F.S. and that all years over the receiver of the		Nome		8. Name and A	Address of Current F	Registere	d Agent	•		
Street Address (P.O. Box Number is Not Acceptable) 2825 IROQUOIS CIRCLE Suite, Apt #, Etc. City State Zip Code FL 33409 9. I, being appointed the piptured agent of the process of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip MGRM SALLY BIONDO 7600 JERICHO TURNPIKE WOODBURY, NEW YORK 11797 11. Locatify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S., further certify that when filing this reinstatement application the ry son for dissertion has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly that limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liability company name satisfies the requirements of section 608 406, F.S., and that all been overly the limited liabilit		li .	JOSEPH LEUZZI	Ī			500	000471	8 <u>1,9</u> 5#	-8
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MGRM SALLY BIONDO 7600 JERICHO TURNPIKE WOODBURY, NEW YORK 11797 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 ro-son for dissortion has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all sees owed by the limited liability cory any have be an poid. 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 Date ### J O / Daytime Phone ## 516-364-9320	10. Name	es and Street	ವರ್ಡesses of Managing Mem	bers/Managers						
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