

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PREVIOUSLY  
AND  
FILED

01 DEC -3 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M98-115**

1. Limited Liability Company's Name  
  
485 Properties, LLC

**REINSTATEMENT 2001**

2. Principal Office Address 730 Third Avenue Suite, Apt. #, etc. 9th Floor City & State New York, NY Zip 10017		3. Mailing Office Address Same Suite, Apt. #, etc. City & State New York Zip New York Country	
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4. State/Country of Formation Delaware	5. Date Organized or Qualified To Do Business in Florida 2/9/98
6. FEI Number 13-3987258	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CT Corporation System	700004710957-7
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	-12/06/01--01012--014 ****150.00 ****150.00
Suite, Apt. #, Etc.	
City Plantation	State FL Zip Code 33324

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 11/30/01  
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
P	John A. Somers	730 Third Avenue	New York, NY 10017
VP	Joseph W. Luik	"	"
VP	Richard J. Adamski	"	"
VP	Charles H. Stamm	"	"

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 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 *[Signature]* Date 11/1/01 Daytime Phone # (212) 490-9000  
Typed or printed name of signing Managing Member/Manager Joseph W. Luik *ms*

CR2004 (9/01)