

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 21 PM 2:09

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000001110

1. Limited Liability Company's Name

Brentpen Associates LLC

2. Principal Office Address - No P.O. Box #
c/o ABC Properties
152 W 57th Street

Suite, Apt. #, etc.

12th Floor

City & State

New York, NY

Zip

10019

Country

USA

3. Mailing Office Address
c/o ABC Properties
152 W 57th Street

Suite, Apt. #, etc.

12th Floor

City & State

New York, NY

Zip

10019

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

9/29/1998

6. FEI Number

13-3750990

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Snyder, Todd H

Street Address (P.O. Box Number is Not Acceptable)

5120 North Palafax Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

2/19/08

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
Mgrsm	Cornfeld, Arthur	c/o ABC Properties 152 W 57th Street 12th Floor	New York, NY 10019
Mgrsm	Topping, David	c/o ABC Realty 152 W 57th Street 12th Floor	New York, NY 10019

100118551771
02/21/08--01034--012 **932.50

REINSTATEMENT

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

2/15/08

Daytime Phone #

212 246 2801

Typed or printed name of signing Managing Member/Manager

ARTHUR B. CORNFELD