

REINSTATEMENT 2000

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT #</b> M98000001175   |         |  |         |
| <b>1. Entity Name</b><br>SDW REALTY LLC                                      |         |  |         |
| <b>Principal Place of Business</b><br>14 CHISWELL DRIVE<br>MELVILLE NY 11747 |         | <b>Mailing Address</b><br>14 CHISWELL DRIVE<br>MELVILLE NY 11747 |         |
| <b>2. Principal Place of Business</b>  |         | <b>3. Mailing Address</b>  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

|   |  |
|---|--|
| <b>4. FEI Number</b><br>11-3373909  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|   |  |  |  |
|---|--|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br>NISENBAUM, ELIOT C<br>2555 COLLINS AVENUE, APT. 911<br>MIAMI BEACH FL 33140 |  | <b>7. Name and Address of New Registered Agent</b><br>Name: ELIOT C NISENBAUM C/O NILE GARDENS<br>Street Address (P.O. Box Number is Not Acceptable): 13750 NW 27th AVENUE<br>City: OPA LOCKA FL Zip Code: 33054 |  |
|---|--|--|--|

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE: [Signature] DATE: 9/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b><br>Make Check Payable to Department of State |  |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ARON, STEPHEN<br>14 CHISWELL DRIVE<br>MELVILLE NY 11747 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 500003510935--9<br>-12/21/00--01093--008<br>****105.00 ****105.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 500003510935--9<br>-12/21/00--01093--008<br>****50.00 ****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** [Signature] **SIGNATURE REQUIRED** mmmmmm 201-944 6300 x2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)