

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV -4 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000162257570  
10/28/09--01030--007 \*\*277.50

CR2E041 (10/08)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M98000001362**

1. Limited Liability Company's Name

9951 ATLANTIC BOULEVARD, L.L.C.

2. Principal Office Address - No P.O. Box #  
9951 ATLANTIC BLVD.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

Zip  
32225

Country  
US

3. Mailing Office Address  
7 GLENWOOD AVENUE

Suite, Apt. #, etc.  
SUITE #101

City & State  
EAST ORANGE, NJ

Zip  
07017

Country  
US

4. State/Country of Formation  
NEW JERSEY

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ 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  
MICHAEL I. BERNSTEIN, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1688 MERIDIAN AVENUE

Suite, Apt. #, Etc.  
SUITE #418

City  
MIAMI BEACH

State  
FL

Zip Code  
33139

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/26/09

**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	MARK CALLER	7 GLENWOOD AVE, SUITE #101	EAST ORANGE, NJ 07017

REINSTATEMENT 08-09  
GK

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

Date 10-19-09 Daytime Phone # 973-372-5002

Typed or printed name of signing Managing Member/Manager MARK CALLER