

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2009 NOV -4 AM 11: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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.		3. Mailing Office Address 7 GLENWOOD AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE #101	
City & State JACKSONVILLE, FL		City & State EAST ORANGE, NJ	
Zip 32225	Country US	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

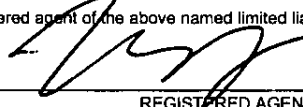
City
MIAMI BEACH

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.

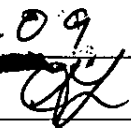
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **10/26/09**


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

REINSTATEMENT 08-09


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**