PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # M99/16660

**1.** Limited Liability Company's Name
BARON SAN PABLO LLC

REINSTATEMENT 2000

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 341 E. 149th Street | 341 E. 149th Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Bronx, NY | City & State: Bronx, NY |
| Zip: 10451 Country: NY | Zip: 10451 Country: NY |

**4.** State/Country of Formation: New York

**5.** Date Organized or Qualified To Do Business in Florida: 9/20/99

**6.** FEI Number: 13-4079427 ☐ 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: LAT PURSER & ASSOCIATES, INC.

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-11/16/00--01001--018
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 6320 St. Augustine Road

Suite, Apt. #, Etc.: Suite 7

City: Jacksonville State: FL Zip Code: 32217

**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: 11-1-00

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 | Barry Levites | 341 East 149th Street | Bronx, NY 10451 |
| MGRM | Ronald Rettner | 481 Main Street | New Rochelle, NY 10801 |
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**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: 10/26/00 Daytime Phone #: 718-993-9060

Typed or printed name of signing Managing Member/Manager: BARRY LEVITES