

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 30 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300157542183
06/22/09--01045--008 ***416.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000004489

1. Limited Liability Company's Name
16651 NE 18th Ave. LLC

2. Principal Office Address - No P.O. Box # <u>888 Vets. Mem. Hwy.</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>Ste. 430</u>		Suite, Apt. #, etc. <u>SAME</u>	
City & State <u>Houppauge, N.Y.</u>		City & State <u>SAME</u>	
Zip <u>11758</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation
New York

5. Date Organized or Qualified To Do Business in Florida
1/11/06

6. FEI Number
14-1947140

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 Louis D. Zaretsky, Esq.

Street Address (P.O. Box Number is Not Acceptable)
555 NE 15th Street

Suite, Apt. #, Etc.
Suite 100

City Miami State FL Zip Code 33132

\$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 6/17/09

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
<u>MGEM</u>	<u>George Heinlein</u>	<u>888 Vets. Mem. Hwy Ste 430</u>	<u>Houppauge, NY 11788</u>
			<u>S. HAWKES</u>
			<u>JUL 2 - 2009</u>
			<u>EXAMINER</u>

REINSTATEMENT
2007 - 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 [Signature] Date 6/18/09 Daytime Phone # 631366 3333

Typed or printed name of signing Managing Member/Manager _____