PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -9 PM 2:49
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

700035556077
06/08/04--01027--006 **50.00

DOCUMENT # L02000023501

1. Limited Liability Company's Name
2140, LLC
2140 S. Dixie Hwy
Miami, FL 33133

2. Principal Office Address	3. Mailing Office Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. State/Country of Formation: Miami Dade

5. Date Organized or Qualified To Do Business in Florida: 9/11/02

6. FEI Number: 32-0041141 ☐ 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: WILLIAM WYLER

Street Address (P.O. Box Number is Not Acceptable): 5611 SAN VINCENTE

700035556077
05/06/04--01020--020 **50.00

Suite, Apt. #, Etc.

City: CORAL GABLES State: FL Zip Code: 33146

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: William Wyler Date: 4/22/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	Scott K Sime	505 Lucena Ave	Coral Gables, FL 33146
MGR	William R. Wyler	5611 San Vincente St	Coral Gables, FL 3346
MGR	John S. Wyler	6060 SW 133rd Ave	Miami, FL 33156

REINSTATEMENT 2004

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 608.408, 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: William Wyler Date: 4/22/04 Daytime Phone # 305 856-1245

Typed or printed name of signing Managing Member/Manager: WILLIAM WYLER