

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 MAY 15 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000044003

1. Limited Liability Company's Name
Kamin International at the Summit, LLC

2. Principal Office Address - No P.O. Box # 1201 South Ocean Drive Suite, Apt. #, etc. 1605N City & State Hollywood, Florida Zip 33019		Country US		3. Mailing Office Address 1201 South Ocean Drive Suite, Apt. #, etc. 1605N City & State Hollywood, Florida Zip 33019		Country US	
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4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
4/29/05

6. FEI Number
73-3143915

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee require for a Certificate of Status

Applied For Not Applicable

8. Name and Address of Current Registered Agent

Name
Klein Mendez & Rothbard LLC

Street Address (P.O. Box Number is Not Acceptable)
7875 NE 191st Street, Suite 703

Suite, Apt. #, Etc.

City
Aventura

State
FL

Zip Code
33180

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 *[Signature]* Date 5/15/2008

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	Isak Kaminsky	1201 South Ocean Drive, Apt 1605N	Hollywood, FL 33019
			600129679686 05/16/08 01022-014 **516.25
	L. SELLERS		
	MAY 20 2008		
	EXAMINER		
			REINSTATEMENT 06-08

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 5/13/2008 Daytime Phone # 954-326-2733

Typed or printed name of signing Managing Member/Manager Isak Kaminsky