

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SEP 14 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name
L07000049168
8397 Holdings, LLC

2. Principal Office Address - No P.O. Box # 100 NE Third Avenue		3. Mailing Office Address 100 NE Third Avenue	
Suite, Apt. #, etc. Suite 100, MC 5176		Suite, Apt. #, etc. Suite 100, MC 5176	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale	
Zip 33301	Country USA	Zip 33301	Country USA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
2007

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
Comerica Bank, c/o Mary Cris Boehler

Street Address (P.O. Box Number is Not Acceptable)
100 NE Third Avenue

Suite, Apt. #, Etc.
Suite 100, MC 5176

City Ft. Lauderdale	State FL	Zip Code 33301
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent M Cris Boehler Date 8-27-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Comerica Bank & Trust, N.A., Trustee of the Ron Kulg Irrevocable Trust	100 NE Third Avenue, Suite 100, MC 5176	Ft. Lauderdale, FL 33301

11. E-mail Address: cboehler@comerica.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager M Cris Boehler Date 8-27-14 Daytime Phone # 954-468-0633

Typed or printed name of signing Authorized Representative/Manager Comerica Bank & Trust, N.A., Trustee, by Mary Cris Boehler, its Authorized Agent

M Cris Boehler
9/13