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MJM

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/31

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L9500000132 1. Limited Liability Company's Name L.A.W. HALLANDALE 30, L.C.			
2. Principal Office Address 3530 North 45th Avenue Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 8020 Suite, Apt. #, etc.	
City & State Hollywood, FL Zip 33021 Country US		City & State Hallandale, FL Zip 33008-8020 Country US	
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 02/16/1995			
6. FEI Number 650569087			Applied For <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent			
Name LAURENCE A. WEISS			
Street Address (P.O. Box Number is Not Acceptable) 3530 NORTH 45 AVENUE			
Suite, Apt. #, Etc.			
City HOLLYWOOD		State FL	Zip Code 33021

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 *Laurence A. Weiss* Date 1/28/05

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
MRG	LAURENCE A. WEISS	3530 North 45 Avenue	Hollywood, FL 33021

2003-
REINSTATEMENT 2004-2005

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 *Laurence A. Weiss* Date 1/28/2005 Daytime Phone# 954-961-1792

Typed or printed name of signing Managing Member/Manager Laurence A. Weiss

CR2004 010021

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

L.A.W. HALLANDALE 30, L.C.

STATE OF FLORIDA
TALLAHASSEE

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