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PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

L98000001932

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 17 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/21/02--01015--007 **300.00

DOCUMENT # L98000001932

1. Limited Liability Company's Name

Kool Apartments, LLC

10/14/99

2. Principal Office Address	3. Mailing Office Address
889 Riverside DR	889 Riverside DR
Suite, Apt. #, etc. #128	Suite, Apt. #, etc. #128
City & State Ft Lauderdale, FL	City & State Ft Lauderdale, FL
Zip 33312 Country USA	Zip 33312 Country USA

4. State/Country of Formation FL/USA

5. Date Organized or Qualified To Do Business in Florida 9/21/1998

6. FEI Number 65-0885376 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ Additional Fee required

8. Name and Address of Current Registered Agent

Name: Ralph Papenfuse

Street Address (P.O. Box Number is Not Acceptable): 889 Riverside Drive

RPL

Suite, Apt. #, Etc.: #128

City: Ft Lauderdale State: FL Zip Code: 33312

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: Ralph Papenfuse
REGISTERED AGENT MUST SIGN

Date: 10-9-02

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
MGRM	Ralph Papenfuse	889 RIVERSIDE DR #128	FT. LAUDERDALE FL 33312
MGRM	Steven A. Goren	889 RIVERSIDE DR #128	FT. LAUDERDALE FL 33312
		REINSTATEMENT	1999-2002

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: Ralph Papenfuse Steven A. Goren Date: 10-9-02 Daytime Phone # 954-258-9000

Typed or printed name of signing Managing Member/Manager: RALPH L. PAPENFUSE. STEVEN A. GOREN