PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -4 AM 10:01

DOCUMENT # L02000007478

1. Limited Liability Company's Name
TAX CERTIFICATES, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1800 SUNSET HARBOUR DF | 1800 SUNSET HARBOUR DR |
| Suite, Apt. #, etc. APT 2403 | Suite, Apt. #, etc. APT 2403 |
| City & State MIAMI BEACH, FL | City & State MIAMI BEACH, FL |
| Zip 33139 Country U.S. | Zip 33139 Country U.S. |

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 3/28/02

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: SCOTT P. WEBER C/O PIPER MARBURY RUDNICK & WOLFE, LLP

Street Address (P.O. Box Number is Not Acceptable): 101 EAST KENNEDY BLVD.

Suite, Apt. #, Etc.: SUITE 2000

REINSTATEMENT 03-05

City: TAMPA State: FL Zip Code: 33602

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: X [signature] Date: 3/3/05

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 |
|---|---|---|---|
| ~~N/A~~ | ~~N/A~~ | ~~N/A~~ | ~~N/A~~ |
| MGRM | NEIL SCHUSTER | 588 NE 58 STREET | MIAMI, FL 33137 |
| | | | 900048121799 |
| | | | 03/10/05--01009--008 **255.00 |
| | | | |
| | | | |

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: [signature] Date: 3/3/05 Daytime Phone # 786877-6670

Typed or printed name of signing Managing Member/Manager: _____