10/1/04
#250.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 17 AM 9:07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000002341

1. Limited Liability Company's Name
NORTHPARK HOLDINGS LLC

200080308092
09/29/06--01054--007 **150.00

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
2665 S. BAYSHORE DRIVE		2665 S. BAYSHORE DRIVE	
Suite, Apt. #, etc. SUITE 703		Suite, Apt. #, etc. SUITE 703	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33133	Country USA	Zip 33133	Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 1/30/02

6. FEI Number 35-2174614 ☐ 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: WORLD CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 2665 SOUTH BAYSHORE DRIVE
Suite, Apt. #, Etc.: SUITE 703
City: MIAMI | State: FL | Zip Code: 33133

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: E Diaz
REGISTERED AGENT MUST SIGN
Date: 9/28/06

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
MGR	NARESH CHHABRA	2477 PROVENCE CIRCLE	WESTON, FL 33327
		200080308092 10/17/06--01052--002 **100.00	
		REINSTATEMENT	2004 thru 2006

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: Chhabra Date: 9/28/06 Daytime Phone # (954) 448-8830

Typed or printed name of signing Managing Member/Manager: NARESH CHHABRA, MANAGER