M02000003327

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M02000003327

1. Limited Liability Company's Name
Enhanced Florida Issuer, LLC

2. Principal Office Address		3. Mailing Office Address	
7900 Miami Lakes Drive West		201 St. Charles Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3700	
City & State Miami, Florida		City & State New Orleans, Louisiana	
Zip 33016	Country USA	Zip 70170	Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/13/02

6. FEI Number: 01-0756936 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional amount required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Jennifer K. Miller — Jennifer K. Miller, Assistant Secretary — Date: 10-2003
REGISTERED AGENT MUST SIGN

CR2E041 (6/03)

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	Michael A. G. Korengold	201 St. Charles Avenue, Suite 3700	New Orleans, Louisiana 70170
		REINSTATEMENT	03

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: Mgr. — Date: 10/29/03 — Daytime Phone # (504) 569-7900

Typed or printed name of signing Managing Member/Manager: Michael A. G. Korengold

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

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