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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 19 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/23/04--01075--003 **235.00

DOCUMENT #

1. Limited Liability Company's Name

T-REX Boca LLC

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2. Principal Office Address	3. Mailing Office Address
c/o Preminger & Glazer, PLLC	c/o Preminger & Glazer, PLLC
5335 Wisconsin Ave. Suite 960	5335 Wisconsin Ave. Suite 960
Washington, D.C.	Washington, D.C.
Zip: 20015 Country: United States	Zip: 20015 Country: United States

4. State/Country of Formation: State of Florida

5. Date Organized or Qualified To Do Business in Florida: April 7, 2003

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: United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 9200 South Dadeland Blvd.

Suite, Apt. #, Etc.: Suite 508

City: Miami | State: FL | Zip Code: 33156

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 _____, President Date 3/15/2004
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
MGR	T-Rex Boca Inc.	5335 Wisconsin Ave. Suite 960	Washington, D.C. 20015

REINSTATEMENT 2003-2004

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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 _____ Date 3/16/04 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Clifford J. Preminger, President of T-REX Boca Inc., MGR