


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|---|--|-----------------------|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 08 JAN 25 AM 9:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (1/08) | |
| DOCUMENT # L00000004244 1. Limited Liability Company's Name 7-8 BLOSSOM ESTATES, LLC | | | | | |
| 2. Principal Office Address - No P.O. Box # 513 N COUNTY ROAD Suite, Apt. #, etc. | | 3. Mailing Office Address 513 N COUNTY ROAD Suite, Apt. #, etc. | | 4. State/Country of Formation FL/ USA | |
| City & State PALM BEACH, FL | | City & State PALM BEACH, FL | | 5. Date Organized or Qualified To Do Business in Florida 4/12/00 | |
| Zip 33480 | Country USA | Zip 33480 | Country USA | 6. FEI Number 06-1590669 | |
| B. Name and Address of Current Registered Agent | | | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small> | |
| Name CT CORPORATION SYSTEM | | | | <input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD | | | | | |
| 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 _____ Date 1/11/08 REGISTERED AGENT MUST SIGN | | | | | |
| 10. Names and Street Address of Managing Members/Managers | | | | | |
| Title | Name of Managing Member/Managers | Street Address of Each Managing Member/Manager | | City / State / Zip | |
| MGRM | LINDA CASTRE GOSMAN | 513 N COUNTY ROAD | | PALM BEACH, FL 33480 | |
| MGRM | JOSEPH J. LUZINSKI | 200 South Biscayne Boulevard, STE 1811 | | MIAMI, FL 33131 | |
| REINSTATEMENT <i>2010-DXR</i> | | | | | |
| 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 608.408, 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 <i>Joseph J. Luzinski</i> Date 1/11/08 Daytime Phone # 954-468-1717 Typed or printed name of signing Managing Member/Manager JOSEPH J. LUZINSKI | | | | | |

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LIMITED LIABILITY REINSTATEMENT

7-8 BLOSSOM ESTATES, LLC

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