

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 11 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000005858
1. Limited Liability Company's Name STRATEGIC REAL ESTATE LLC

2. Principal Office Address
801 BRICKELL AVE
Suite, Apt. #, etc. SUITE 900
City & State MIAMI, FLORIDA
Zip 33131 Country DANE

3. Mailing Office Address
801 BRICKELL
Suite, Apt. #, etc. SUITE 900
City & State MIAMI, FLORIDA
Zip 33131 Country DANE

4. State/Country of Formation FLORIDA / DANE
5. Date Organized or Qualified To Do Business in Florida 22 MAY 2000
6. FEI Number 65-1041162
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name STEPHEN D. COX
Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVE. 600005258646--2
Suite, Apt. #, Etc. SUITE 900 04/12/02-01102-008
City MIAMI, FLORIDA ****205.00 ****205.00
State FL Zip Code 33131

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 [Signature] Date 31 MARCH 2002
REGISTERED AGENT MUST SIGN

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
MANAGER	STEPHEN D. COX	801 BRICKELL AVE, SUITE 900	MIAMI, FL 33131

REINSTATEMENT

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 31 MARCH 2002 Daytime Phone # 305-775-1119
Typed or printed name of signing Managing Member/Manager