

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

2001
LIMITED LIABILITY COMPANY REINSTATEMENT
WBR

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

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006165

1. Limited Liability Company's Name

PALMETTO FRONTAGE, L.L.C.

2. Principal Office Address

1320 So. Dixie Hwy.

Suite, Apt. #, etc.

Suite #781

City & State

Coral Gables FL ~~XXXXXX~~

Zip

33146

Country

USA

3. Mailing Office Address

c/o CMS, INC.

Suite, Apt. #, etc.

P.O. Box 527828

City & State

Miami FL ~~XXXXXXXXXX~~

Zip

33152-7828

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

5/23/2000

6. FEI Number

65-1031901

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

GARY L. BROWN

Street Address (P.O. Box Number is Not Acceptable)

PHILLIPS, EISINGER, KOSS, ROTHSTEIN & ROSENFELDT, P.A.

Suite, Apt. #, Etc.

4000 Hollywood Blvd. Suite #265 South

City

Hollywood

State

FL

Zip Code

33021

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]

REGISTERED AGENT MUST SIGN

Date 10/22/01

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	Allen R. Greenwald	1320 So. Dixie Hwy.	Coral Gables FL 33146
Mgr	Anthony L. Davide	7333 Coral Way	Miami FL 33155

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

10/24/01

Daytime Phone #

305-666-8575

Typed or printed name of signing Managing Member/Manager

Allen R. Greenwald