L00000006345

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 DEC 11 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000006345

1. Corporation Name

Bata Epsilom/Cadillac, L.L.C.

BK

800025428608

2. Principal Office Address	3. Mailing Office Address
4000 No. Fed. Hwy.	1000 Omni Blvd.
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.:
City & State: Boca Raton, Florida	City & State: Newport News, VA
Zip: 33431 Country: USA	Zip: 23606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6-1-2000

5. FEI Number: 65-1020016 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Linda O. MacLaren

Street Address (P.O. Box Number is Not Acceptable): 798 So. Federal Highway

Suite, Apt. #, Etc.: 100

City: Boca Raton State: FL Zip Code: 33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Linda O MacLaren Date: 11/17/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mgr.	Nicholas Economos	4000 No. Federal Highway	Boca Raton, FL 33431

REINSTATEMENT 2003

BK

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: X [signature] 11/14/03 561 361 2504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSC

CORPORATION SERVICE COMPANY

L00000006345

ACCOUNT NO. : 072100000032

REFERENCE : 355654 11303A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : December 11, 2003

ORDER TIME : 11:55 AM

ORDER NO. : 355654-005

CUSTOMER NO: 11303A

CUSTOMER: Ms. Marilyn F. Amoruso
Osborne & Osborne, P.a.
Suite 100
798 South Federal Highway
Boca Raton, FL 33432

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: BETA EPSILON/CADILLAC, L.L.C.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____