PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000008456

800136263308
09/23/08--01045--005 **655.00

CR2E041 (12/07)

1. Limited Liability Company's Name

CASTLE KAY, LLC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
18851 NE 29th Ave	18851 NE 29th Ave
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State Aventura, FL	City & State Aventura, FL
Zip 33180 Country USA	Zip 33180 Country USA

4. State/Country of Formation FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida 7/18/2000

6. FEI Number 65-1112316 ☐ 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: Leonardo A. Roth

Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th Ave.

Suite, Apt. #, Etc: 900

City: Aventura State: FL Zip Code: 33180

☐ 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.

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 9/22/2008

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
MGR	Roth, Leonardo	18851 NE 29th Ave ste 900	Aventura, FL 33180
MGR	Rousso, Mark	18851 NE 29th Ave ste 900	Aventura, FL 33180
	REINSTATEMENT 2005 - 2007		

FILED
2008 SEP 24 A 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 9/22/2008 Daytime Phone # 786-279-0000

Typed or printed name of signing Managing Member/Manager Leonardo A. Roth

ROTH|ROUSSO|KATSMAN
LLP | ATTORNEYS AT LAW

September 22, 2008

Florida Department of State
Division of Corporations
2661 W Executive Center Cir
Tallahassee, FL 32301

RE: CASTLE KAY, LLC
Reinstatement

Dear Sir/Madam:

Enclosed please find a fully complete Limited Liability Company Reinstatement form for the above referenced corporation.

Please proceed to reinstate this corporation at your earliest convenience.

If you need further information do not hesitate to contact me.

Very Truly Yours,

ROTH, ROUSSO & KATSMAN, LLP

LEONARDO A. ROTH
LAR, mj
Enc.

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Phone: (786) 279-0000 I Fax: (786) 279-0001 Real Estate Fax: (786) 279-0002 info@rrksatlaw.com