PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROFU AND FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY FILED Katherine Harris COMPANY Secretary of State 02 APR 30 PH 5: 21 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TAELAHASSEE, FLORIDA DOCUMENT# Looooool6334 1. Limited Liability Company's Name FAST TRACK PROPERTIES, L.L.C. REMSTATE SENT 20 2. Principal Office Address 3. Mailing Office Address P.O. BOX 24943 P.O. BOX 24943 4. State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. FLORIDA / USA 5. Date Organized or Qualified To Do Business in Florida 3-11-00 City & State City & State FORT LANDERDALF, FL 6. FE! Number FORT LANDERDANE, FL Applied For 65-1101/11 Not Applicable Country Country 7. CERTIFICATE OF STATUS DESIRED [ 33307 33307 \$5.00 Additional Fee required USA USA for a Certificate of Status 8. Name and Address of Current Registered Agent BRADFORD C. BANTA, UTR. Street Address (P.O. Box Number is Not Acceptable) <del>900005501529-</del> -05/10/02--01007--00 4050 NE 1 1 AVENUE Suite, Apt. #, Etc. <del>\*\*\*\*200.00 \*\*\*\*200</del>100 APT. # 117 State Zip Code DAKLAND PARK 33334 9. I, being appointed the registered agent of the above named limited liability company, an familiar with and accept the obligations of Chapter 608, F.S. 4-29-02 Registered Agent Date \_\_\_\_ /1-6-0 | 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Titles Street Address of Each Managing Member/Manager City / State / Zip MGRM BRADIFORD C P.O. DOX 24943 BANTA FT. LANDERDALE, FL 33307 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 Signature of Date 11-6-0 Daytime Phone # 954-566-0759 Managing Member/Manager

BRADFORD

Typed or printed name of signing Managing Member/Manager \_\_\_\_