

L01000002490

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002490

1. Limited Liability Company's Name

FOXCROFT REALTY INVESTMENT, LLC

MX

2. Principal Office Address

2320 NE 9th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

Broward

3. Mailing Office Address

2320 NE 9th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

Broward

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/16/2001

6. FEI Number

65-1075255

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

Ed Dina

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

719 Intracoastal Drive

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33304

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

11/25/03

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	Eklund, Joseph	2320 NE 9th Street	Ft. Lauderdale, FL 33304

REINSTATEMENT 2003

MX

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

11-25-03

Daytime Phone #

954 336 7222

Typed or printed name of signing Managing Member/Manager