PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 OCT 24 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L01000008846

1. Limited Liability Company's Name

280 ESTATES, LLC

2. Principal Office Address	**3.** Mailing Office Address
5801 N. Congress Avenue	5801 N. Congress Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/31/01

6. FEI Number: 65-1109577 ☐ 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: Richard Siemens

100408536201
10/28/02--01117--010 **150.00

Street Address (P.O. Box Number is Not Acceptable): 5801 N. Congress Avenue

Suite, Apt. #, Etc.:

City: Boca Raton State: FL Zip Code: 33487

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: Richard Siemens Mgr. Date: 10/17/02

RICHARD SIEMENS 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	Steven Wolf	5801 N. Congress Avenue	Boca Raton, FL 33487
Mgr	Richard Siemens	5801 N. Congress Ave.	Boca Raton, FL 33487

REINSTATEMENT 02 dcc

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: Steven Wolf Date: 10/17/02 Daytime Phone # 561-498-5600

STEVEN WOLF, Manager

Typed or printed name of signing Managing Member/Manager By: Richard Siemens Mgr.