

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
JAN 30 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

3301 South Flagler Venture, L.L.C.

2. Principal Office Address

1177 George Bush Boulevard

3. Mailing Office Address

1177 George Bush Boulevard

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Delray Beach

City & State

Delray Beach

Zip

33483

Country

USA

Zip

33483

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

06/04/2001

6. FEI Number

52-2439085

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

Greenberg & Strelitz, P.A.

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

4800 North Federal Highway

Suite, Apt. #, Etc.

Suite 304D

City

Boca Raton

State
FL

Zip Code
33431

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 01/29/04

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	R. Nicholas Diamond	1177 George Bush Blvd., #100	Delray Beach, FL 33483
MGR	Joseph C. Diamond	1177 George Bush Blvd., #100	Delray Beach, FL 33483
MGR	Timothy Diamond	1177 George Bush Blvd., #100	Delray Beach, FL 33483

REINSTATEMENT 2002-2004

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 01/29/04

Daytime Phone # (561) 279-0082

Typed or printed name of signing Managing Member/Manager

Timothy Diamond, Manager