SEP. 5.2003 9:37AM NO.298 P.1/1

L01000010466

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP -8 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/11/03--01023--006 **200.00

DOCUMENT # L01000010466

1. Limited Liability Company's Name
WEISTANTA PROPERTIES, L.L.C.

2. Principal Office Address	3. Mailing Office Address
9441 WEST SAMPLE RD	SAME
Suite, Apt. #, etc.: STE 209	Suite, Apt. #, etc.
City & State: CORAL SPRINGS FL	City & State
Zip: 33065 / Country	Zip / Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 6-28-2001

6. FEI Number: 06-1619612 ☐ 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: THIERRY FRANKLIN

Street Address (P.O. Box Number is Not Acceptable): 11643 N.W.11TH PLACE

Suite, Apt. #, Etc.:

City: CORAL SPRINGS | State: FL | Zip Code: 33071

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: Thierry Franklin (BK) Date: 9/5/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	GASTER JAY FONTANA	11643 N.W. 11TH PLACE	CORAL SPRINGS FL 33071
MGRM	ALEXANDRA QUIJANO	5199 N.W. 32ND COURT	MARGATE FL 33063
MGRM	THIERRY FRANKLIN	11643 N.W. 11TH PLACE	CORAL SPRINGS FL33071
		REINSTATEMENT	2002-2003

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: Thierry Franklin (BK) Date: 9/5/03 Daytime Phone# 954 255 0464

Typed or printed name of signing Managing Member/Manager