

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

03 JAN -3 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015865

Name and Mailing Address

0003423 01 FP 0.352 **PRSRT T1 0 0615 33319-354400



WILSHIRE HOUSE ASSOCIATES, L.L.C.

4800 QUEEN PALM LANE

TAMARAC FL 33319-3544



2. New Mailing Address

City, State, Zip

Principal Place of Business

4800 QUEEN PALM LANE
TAMARAC FL 33319

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/17/2001

6. FEI Number

65-1139197

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

FORMAN, ROBERT S
2101 WEST COMMERCIAL BLVD
STE 4100
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

100009793921
01/03/03--01002--004 **155.00

City

FL

Zip Code

10. 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

Paul Kramer

Date 12/28/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GARFINKEL, IRWIN	1700 SAND HILL RD APT 208	PALO ALTO CA
MGRM	ARONSON, JANET	79 GOLF PARKWAY G	MADISON WI
MGRM	DISILVERIE, DANCINE	797 JENSEN DRIVE	MCKINLEYVILLE CA
MGRM	HENRY, SHEILA	5004 MARYLAND STREET	SAN DIEGO CA
MGRM	KRAMER, PAUL	4800 QUEEN PALM LANE	TAMARAC FL
MGRM	KRAMER, FONDA	4800 QUEEN PALM LANE	TAMARAC FL

REINSTATEMENT

12. 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 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

Paul Kramer

Date

12/29/02

Daytime Phone #

(954) 257-9902

Typed or printed name of signing Managing Member/Manager