

10/1/04
#250.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 OCT 17 AM 9:07

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000002341					
1. Limited Liability Company's Name NORTHPARK HOLDINGS LLC					
2. Principal Office Address 2665 S. BAYSHORE DRIVE			3. Mailing Office Address 2665 S. BAYSHORE DRIVE		
Suite, Apt. #, etc. SUITE 703			Suite, Apt. #, etc. SUITE 703		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33133	Country USA	Zip 33133	Country USA	4. State/Country of Formation FLORIDA	
				5. Date Organized or Qualified To Do Business in Florida 1/30/02	
				6. FEI Number 35-2174614	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 WORLD CORPORATE SERVICES, INC.					
Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE					
Suite, Apt. #, Etc. SUITE 703					
City MIAMI				State FL	Zip Code 33133
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.					
Signature of Registered Agent 				Date 9/28/06	
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	NARESH CHHABRA	2477 PROVENCE CIRCLE		WESTON, FL 33327	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 				Date 9/28/06	
Typed or printed name of signing Managing Member/Manager NARESH CHHABRA, MANAGER				Daytime Phone # (954) 448-8830	

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10/17/06--01052--002 **100.00

REINSTATEMENT
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