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DOCUMENT # L02000003518 1. Limited Liability Company's Name SJH Reality, LLC REINSTATEMENT Z607-2609							7 PM12:52	H 20/04
2. Principal Office Address 3915 Biscayne Blvd. Suite, Apt. #, etc. Suite 1000 City & State			3. Mailing Office Address 11111 Biscayne Blvd. Suite, Apt. #, etc. 715 City & State			4. State/Cour Florid 5. Date Organ To Do Bus	ntry of Formation a/USA nized or Qualified iness in Florida 2/13/02	
Miami ^{Zip} 33137	1 -		· ·		Country USA	7. CERTIFICATI	01-0805/229	Applied For Not Applicable dditional Fee required Certificate of Status
	Stephanie Herman Street Address (P.O. Box Number is Not Acceptable) 11111 Biscayne Blvd. Suite, Apt. #, Etc. 715 City Miami State FL Zip Code 33181							
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 Date REGISTERED AGENT MUST SIGN								
10. Name	s and Street Addresses of Managing Members/Managers Name of Managing Members/Managers			Street Address of Each Managing Member/ Manager		City / State / J	Zip	
MGRM	Stephanie Herman, Managing Member			11111 Biscayne Blvd. Suite 715		Miami, FL 33181		
	RE	INSTATE	VENT	200	03 - 004 #			

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 his 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

4-7-04

Daytime Phone # (305) 793-4065

Typed or printed name of signing Managing Member/Manager Stephanie Herman