H04000037427 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 23 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011644

1. Limited Liability Company's Name
3602 NFHB, LLC

2. Principal Office Address		3. Mailing Office Address	
3101 S. Federal Highway		3101 S. Federal Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Boynton Beach, Florida		Boynton Beach, Florida	
Zip	Country	Zip	Country
33435	US	33435	US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida
5/13/02

6. FEI Number
16-1670568
☐ 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
THOMAS F. McCORMACK

Street Address (P.O. Box Number is Not Acceptable)
1 East Broward Boulevard

Suite, Apt. #, Etc.
Suite 700

City	State	Zip Code
Fort Lauderdale,	FL	33301

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 2.18.04
Thomas F. McCormack
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	Charles L. Highley	4495 N.W. 42nd Street	Boca Raton, FL 33434
MGRM	Thomas F. McCormack	1 East Broward Blvd., #700	Fort Lauderdale, FL 33301
		300029226043	
	REINSTATEMENT 2003-2004		
		BK	

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 608.400, 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 2.18.04 Daytime Phone # 561-239-5966

Typed or printed name of signing Managing Member/Manager Thomas F. McCormack

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CSC

CORPORATION SERVICE COMPANY™

L02000011644

ACCOUNT NO. : 072100000032

REFERENCE : 451272 7420992

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

FILED
04 FEB 23 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 19, 2004

ORDER TIME : 5:06 PM

ORDER NO. : 451272-020

CUSTOMER NO: 7420992

CUSTOMER: Mr. Thomas F. Mccormack
Thomas F. Mccormack &
Suite 700
One East Broward Boulevard
Fort Lauderdale, FL 33301

DOMESTIC FILINGS

RECEIVED
04 FEB 23 AM 8:38
DIVISION OF CORPORATION

NAME: 3602 NFHB, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

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TALLAHASSEE, FLORIDA