PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

, c	ED LIAE OMPAN ISTATEN	ΙΥ) :	Secretar	TMENT OF y of State corporation			3 OCT	ILED 31 AM 8 00	
DOCUMENT # L02000016456 1. Limited Liability Company's Name							SECRETARY OF STATE TAULAHASSEE, FLORIDA				
3815 SW 16th Street II, LLC								,			
2. Principal Office Address 4690 N.E. 5th Avenue				3. Mailing Office Address 112 Ringwood Road				4. State/Country of Formation Florida			
Suite. Apt. #, etc. Sui				Suite, Apt. #,	Suite, Apt. #, etc.			5. Date Organized or Qualified To Do Business in Florida 6/27/2002			
City & State Fort Lauderdale, FL				City & State Byrn Mawr, PA			<u>-</u>	6. FEI Number Applied For Not Applicable			
Zip Country 33314 USA		zip 19010			•	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status					
	8. Name and Address of Current Registered Agent										
	Street Address (P.O. Box Number is Not Acceptable) 7805 S.W. 6th Court										
!	Suite, Apt. #, Etc. Frank, Weinberg & Black, P.L.										
	^{City} Plantation							State Zip Code FL 33324			
9. I, being appointed the registered agent of the above named imited tability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date 10/20/03 REGISTERED AGENT MUST SIGN											
10. Name	es and Street	Addresses	s of Managing Mer	nbers/Managers							
Titles Name of Managing Members/ Manager			Street Address of Each Managing Member/Mana								
MGRM	Marilyn Hurst			112 Ringwood Road			Byrn Mawr, PA 19010				
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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 filling 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 10/23/63 Daytime Phone # (610) 520-2062											
Typed or printed name of signing Managing Member/Manager Marilyn Hurst											