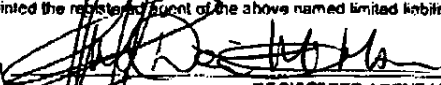


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 SEP 23 PM 12:46 L02000022507	
DOCUMENT # L02000022507					
1. Limited Liability Company's Name 2005 Calais LLC REINSTATEMENT 2003-2004					
2. Principal Office Address 1633 Lombard St Suite, Apt. #, etc. City & State San Francisco CA Zip 94123 Country USA		3. Mailing Office Address 1633 Lombard St Suite, Apt. #, etc. City & State San Francisco CA Zip 94123 Country USA		4. State/Country of Formation Florida, Dade County 5. Date Organized or Qualified To Do Business in Florida 8/29/02 6. FEI Number 16-1628371 Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐				700041366477 09/27/04--01046--001 **200.00	

8. Name and Address of Current Registered Agent	
Name Saul Bazaroff / DK International	
Street Address (P.O. Box Number is Not Acceptable) 1800 Sunset Harbour Dr	
Suite, Apt. #, Etc. Ste. 1	
City Miami Beach	State FL
	Zip Code 33139

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 09/15/04
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers:			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MG/M	McMahon, Denis	10 S. Shore Dr	Miami Beach, FL 33140
MG/M	McMahon, Christina M.	10 S. Shore Dr	Miami Beach, FL 33140
REINSTATEMENT 2003-2004			

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 608.406, 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 09/15/04
Typed or printed name of signing Managing Member/Manager Saul Bazaroff	