PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000022507

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

DOCUMENT # L02000022507

1. Limited Liability Company's Name

2005 Calais LLC

REINSTATEMENT 2003 - 2004

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09/27/04--01046--001 **200.00

2. Principal Office Address	3. Mailing Office Address
1633 Lombard St	1633 Lombard St
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: San Francisco CA	City & State: San Francisco CA
Zip: 94123 Country: USA	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 ☐ ($5.00 Additional Fee required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: Saul Bajaroff / 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

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	McMahon, Denis	10 S. Shore Dr	Miami Beach, FL 33140
MGRM			
	Mc Mahon, 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: _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: _____