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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 16 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025700

1. Limited Liability Company's Name
WEST BROWARD GROUP, L.L.C.

400024898354
11/21/03 01008 010 $150.00

2. Principal Office Address	3. Mailing Office Address
7751 Broward Boulevard	the same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, Florida	City & State
Zip: 33324 / Country	Zip / Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/30/02

6. FEI Number: 37-1445347 ☐ 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: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Southwest 22 Street

Suite, Apt. #, Etc.: 4th Floor

City: Miami | State: FL | Zip Code: 33145

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: X _____ REGISTERED AGENT MUST SIGN Date: 12/16/03

CR2E045 (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
MGR	Eli Stroht	7751 Broward Boulevard	Plantation, Florida 33324

REINSTATEMENT 2003

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: Eli Stroht Date: 12/16/03 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: Eli Stroht