
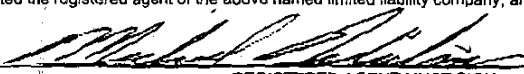



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000025711					
1. Limited Liability Company's Name CROSSWINDSHALLANDALE, LLC					
2. Principal Office Address 2080 South Ocean Drive Suite, Apt. #, etc. Suite 912 City & State Hallandale Zip 33009 Country US		3. Mailing Office Address 2080 South Ocean Drive Suite, Apt. #, etc. Suite 912 City & State Hallandale Zip 33009 Country US		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida October 1, 2002 6. FEI Number 76072011 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Michael Tietolman Street Address (P.O. Box Number is Not Acceptable) 2080 South Ocean Drive Suite, Apt. #, Etc. Suite 912 City Hallandale State FL Zip Code 33009					
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 July 12, 2004 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		
MGR	Susie Tietolman	22 Finch Street Dollard des Ormeaux	Quebec, Canada H9A3G8		
		600039125636			
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 07/12/04 Daytime Phone # 514-624-5869 Typed or printed name of signing Managing Member/Manager Susan Tietolman, Manager					

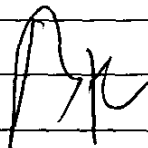
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03





CR2E041 (10/02)



CORPORATION SERVICE COMPANY

L02000025711

ACCOUNT NO. : 072100000032

REFERENCE : 799784 7445530

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 200.00

ORDER DATE : July 12, 2004

ORDER TIME : 9:30 AM

ORDER NO. : 799784-005

CUSTOMER NO: 7445530

CUSTOMER: Mr. Michael Tietolman
Crosswindshallandale, Llc
Apt. 912
2080 South Ocean Drive
Hallendale, FL 33009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CROSSWINDSHALLANDALE, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

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04 JUL 14 AM 10:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA